## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000106219

Entity Name: SABCO PRODUCTIONS CORP.

FILED Nov 20, 2007 Secretary of State

| Current P                                     | rincipal Place                   | e of Business:   | New Principal Place o                       | New Principal Place of Business:             |  |
|---|----------------------------------|--|---|--|--|
| SUITE 240                                     | SET HARBOL<br>)6<br>ACH, FL 3313 |  |   |  |  |
| Current Mailing Address:                      |                                  |  | New Mailing Address                         | New Mailing Address:                         |  |
| SUITE 240                                     | SET HARBOU<br>)6<br>ACH, FL 3313 |  |   |  |  |
| FEI Number:                                   | : 13-4267533                     | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |                                  |  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| SUITE 240                                     | SET HARBOL                       |  |   |  |  |
|   | named entity<br>e of Florida.    | submits this statement for the   | purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATU                                       | RE: SABRINA                      | A COHEN  |   |  |  |
|   | Electro                          | nic Signature of Registered Ag   | ent   | Date   |  |
|   |                                  | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |                                  |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | COHEN, SABR                      | HARBOUR DR SUITE 2406  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA COHEN DIR 11/20/2007