

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000143281

Entity Name: MY TEAM LOGO INC.

FILED
Dec 11, 2004
Secretary of State

Current Principal Place of Business:

10367 WALDEN GLEN CT
JACKSONVILLE, FL 32256

New Principal Place of Business:

7637 CROSSTREE LANE
JACKSONVILLE, FL 32256

Current Mailing Address:

10367 WALDEN GLEN CT
JACKSONVILLE, FL 32256

New Mailing Address:

7637 CROSSTREE LANE
JACKSONVILLE, FL 32256

FEI Number: 20-0227949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, BOB
10367 WALDEN GLEN CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

FREEMAN, BOB
7637 CROSSTREE LANE
JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BOB FREEMAN

12/11/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAYNICK, BOB
Address: 119 MARKS STYLE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP () Delete
Name: FREEMAN, BOB
Address: 10367 WALDEN GLEN CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FREEMAN, BOB
Address: 7637 CROSSTREE LANE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOB FREEMAN

VP

12/11/2004

Electronic Signature of Signing Officer or Director

Date