2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -9 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000157793

1. Entity Name
JACKSONVILLE PLAYBACK THEATRE, INC

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
PO BOX 380038 JACKSONVILLE, FL 32205	PO BOX 380038 JACKSONVILLE, FL 32205

01042007 REIN-P CR2E098 (11/05)

2. Principal Place of Business: 3932 San Jose ParkDr
Suite, Apt. #, etc.
City & State: Jacksonville FL
Zip: 32217 Country: DUVAL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 04-3784148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, JANE
10777 LIPPIZAN DR
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jane Langford 1/4/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LANGFORD, JANE 10777 LIPPIZAN DR JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DS CARROLL, LYNNE 708 16th Ave South Jacksonville Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MCLAIN, MAUREEN 1222 INGLESIDE DR JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D WYNN, RICHMOND 1108 Creeks Rd JACKSONVILLE, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZWATER, WALTER 8471 LYNDA SUE LANE JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200082573372 01/12/07--01003--030 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Langford 1/4/2007 904-737-0312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/9 aw