

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000007210

1: Entity Name
NEXT LEVEL MEDIA SERVICES INC.



Principal Place of Business Mailing Address

233 S. FEDERAL HY #208 BOCA RATON, FL 33432 US *moved* 233 S. FEDERAL HY #208 BOCA RATON, FL 33432 US

2. Principal Place of Business - No P.O. Box # **8130 GLADES RD #391** 3. Mailing Address **8130 GLADES RD #391**

(Suite, Apt. #, etc.) **#391** (Suite, Apt. #, etc.) **#391**

City & State **BOCA RATON, FL** City & State **BOCA RATON, FL**

Zip **33434** Country **USA** Zip **33434** Country **USA**

01152008 REIN-P CR2E098 (1/07) **07-08**

4. FEI Number **20-0618978** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

KRAVITZ, JOEL A
233 S. FEDERAL HY
208
BOCA RATON, FL 33432 *moved ->*

7. Name and Address of New Registered Agent

Name **KRAVITZ, JOEL A**

Street Address (P.O. Box Number is Not Acceptable) **8130 GLADES RD #391**

City **BOCA RATON** FL Zip Code **33434**

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 *Joel Kravitz* DATE **1/14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

Joel Kravitz

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	DPST KRAVITZ, JOEL A 233 S. FEDERAL HY #208 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KRAVITZ, JOEL A 8130 GLADES Road #391 BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700117554887 02/08/08--01005--011 **8.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700117554887 02/08/08--01005--012 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700117554887 02/08/08--01005--013 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joel Kravitz* **Joel Kravitz** DATE **1/14/2008** DAYTIME PHONE **561-414-5373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JAN 30 2008