


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000010163		
1. Entity Name EXODUS CREATIVE PRODUCTIONS CORP.		

FILED

05 DEC 30 AM 10:55

Principal Place of Business 8737 NW 3RD COURT SUITE 8737 -BUILDING 2 PLANTATION, FL 33324 US	Mailing Address 8737 NW 3RD COURT SUITE 8737 -BUILDING 2 PLANTATION, FL 33324 US
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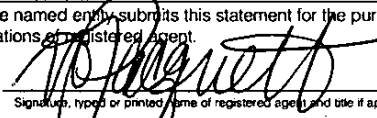
2. Principal Place of Business 8737 NW 3rd Court Suite, Apt. #, etc. 8737-Building 2 City & State Plantation - FL Zip 33324 Country USA	3. Mailing Address 8737 NW 3rd Court Suite, Apt. #, etc. 8737-Building 2 City & State Plantation, FL Zip 33324 Country USA
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12232005 REIN-P CR2E098 (6/04)

4. FEL Number 92-0185020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

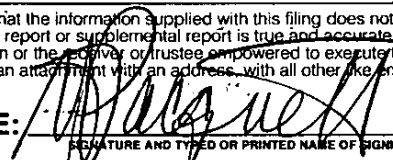
6. Name and Address of Current Registered Agent VANESSA PACQUETTE 8737 NW 3RD COURT -BUILDING-2 PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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, the registered agent.	
SIGNATURE 	VANESSA PACQUETTE 12/23/05 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACQUETTE, VANESSA 0 8737 NW 3RD COURT BUILDING-2 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900062479869 12/29/05--01057--005 **\$150.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 11/4/04 REINSTATEMENT 05 <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
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 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 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: 	VANESSA PACQUETTE 12/23/05 Date Daytime Phone #

954-554-5867