## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000055454

Entity Name: ROSSI ENTERTAINMENT INC

SCHOFIELD, ROBIN I

PALM HARBOR, FL 34684

3038 SEAN WAY

Name: Address:

City-St-Zip:

FILED Nov 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3038 SEAN WAY 1105 WOODLEY RD PALM HARBOR, FL 34684 CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 3038 SEAN WAY 1105 WOODLEY CLEARWATER, FL 33764 PALM HARBOR, FL 34684 FEI Number: 20-0836717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSSI, CHERYL A ROSSI, CHERYL A 3038 SEAN WAY 1105 WOODLEY RD PALM HARBOR, FL 34684 CLEARWATER, FL 33764 US 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: CHERYL-ANN ROSSI 11/08/2005 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition ROSSI, CHERYL A ROSSI, CHERYL A Name: Name: 3038 SEAN WAY 1105 WOODLEY RD Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: CLEARWATER, FL 33764 Title: Title: () Delete () Change () Addition ROSSI, DONNA M Name: Name: 912 WOODLEY RD Address: Address: CLEARWATER, FL 33764 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SMITH, SARAH J Name: Name: 1620 N WILMONT AVE #A327 Address: Address: City-St-Zip: TUCSON, AZ 85712 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SCHOFIELD, ROBIN I

1105 WOODLEY RD

CLEARWATER, FL 33764

SIGNATURE: CHERYL-ANN ROSSI PRES 11/08/2005