

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000065418

1. Entity Name
ALL HEADLINE NEWS CORP



Principal Place of Business

922 HONEY TREE LANE
SUITE A
WELLINGTON, FL 33414

Mailing Address

922 HONEY TREE LANE
SUITE A
WELLINGTON, FL 33414

2. Principal Place of Business

2701 OKLAHOMA BLVD

Suite, Apt. #, etc.

4th Floor

3. Mailing Address

2701 OKLAHOMA BLVD

Suite, Apt. #, etc.

4th Floor

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

USA

Zip

33405

Country

USA



11302005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM J
922 HONEY TREE LANE
SUITE A
WELLINGTON, FL 33414

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/30/05

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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
BROWN, WILLIAM J
922A HONEY TREE LANE
WELLINGTON, FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200061872702
12/05/05--01002--013 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/05

Date

806 673-0179

Daytime Phone #