

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000069953

**FILED**  
**Dec 06, 2007**  
**Secretary of State**

**Entity Name:** LAKSHMI T.V. PRODUCTIONS CORP.

**Current Principal Place of Business:**

900 WEST AVENUE  
SUITE 1005  
MIAMI-BEACH, FL 33139

**New Principal Place of Business:**

17201 COLLINS AVENUE  
SUITE 1709  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

900 WEST AVENUE  
SUITE 1005  
MIAMI-BEACH, FL 33139

**New Mailing Address:**

17201 COLLINS AVENUE  
SUITE 1709  
SUNNY ISLES, FL 33160

**FEI Number:** 20-1252373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EUSSE, CLAUDIA P  
900 WEST AVENUE  
SUITE 1005  
MIAMI-BEACH, FL FL 33139 US

**Name and Address of New Registered Agent:**

EUSSE, CLAUDIA P  
17201 COLLINS AVENUE  
SUITE 1709  
SUNNY ISLES, FL FL 33160 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: CLAUDIA P EUSSE

12/06/2007

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:**

Title: P ( ) Delete  
Name: EUSSE, CLAUDIA P  
Address: 900 WEST AVENUE SUITE 1005  
City-St-Zip: MIAMI-BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: EUSSE, CLAUDIA P  
Address: 17201 COLLINS AVENUE, SUITE 1709  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CLAUDIA P EUSSE

P

12/06/2007

Electronic Signature of Signing Officer or Director

Date