

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077052

Entity Name: LIVING PICTURES, CORP.

FILED
Nov 19, 2005
Secretary of State

Current Principal Place of Business:

1602 ALTON RD
MIAMI BCH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1602 ALTON RD
MIAMI BCH, FL 33139

New Mailing Address:

FEI Number: 77-0633897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTONE, PATRICIO
1602 ALTON RD
MIAMI BCH, FL 33139 US

Name and Address of New Registered Agent:

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: PATRICIO LIVINGSTONE

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: LIVINGSTONE, PATRICIO
Address: 1602 ALTON RD
City-St-Zip: MIAMI BCH, FL 33139

Title: V () Delete
Name: SANFUENTES, MARIA LUISA
Address: 1602 ALTON RD
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIO LIVINGSTONE

P

11/19/2005

Electronic Signature of Signing Officer or Director

Date