# 2005 FOR PROFIT CORPORATION
# REINSTATEMENT

| DOCUMENT # P04000088012 | | FILED |
|---|---|---|
| **1.** Entity Name<br>CINEMA 26 PRODUCTIONS, INC. | | 05 OCT 24 PM 4: 54<br><br>SECRETARY STATE<br>TALLAHASSEE, FLORIDA |

| Principal Place of Business<br>10103 DEERCLIFF DRIVE<br>TAMPA, FL 33647 | Mailing Address<br>10103 DEERCLIFF DRIVE<br>TAMPA, FL 33647 | |
|---|---|---|

REINSTATEMENT 2005

| **2.** Principal Place of Business<br>17874 ARBOR GREENE DR. | **3.** Mailing Address<br>17874 ARBOR GREENE DR. | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State<br>TAMPA, FLA. | City & State<br>TAMPA, FLA. | **4.** FEI Number<br>30-0257939    Applied For ☐ / Not Applicable ☐ |
| Zip 33647   Country USA | Zip 33647   Country USA | **5.** Certificate of Status Desired ☐   **$8.75** Additional Fee Required |

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| DEJOSEPH, FRANK<br>10103 DEERCLIFF DRIVE<br>TAMPA, FL 33647 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br>17874 ARBOR GREENE DR.<br><br>City TAMPA   FL   Zip Code 33647 |

**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 _____    DATE 10/17/05

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)

| **FILE NOW!!! FEE IS $150.00**<br>**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 | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DEJOSEPH, FRANK<br>10103 DEERCLIFF DRIVE<br>TAMPA, FL 33647 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 17874 ARBOR GREENE DR.<br>TAMPA, FL. 33647 | ☑ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEJOSEPH, FRANK<br>10103 DEERCLIFF DRIVE<br>TAMPA, FL 33647 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 17874 ARBOR GREENE DR.<br>TAMPA, FL. 33647 | ☑ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100060899231<br>10/24/05--01063--011 **150.00 | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____   FRANK DEJOSEPH   10/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #