## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000092954

Name:

Address:

City-St-Zip:

JONES, GARY A

MIAMI, FL 33179

823 NE 199 STREET APT. 201

FILED Mar 02, 2008 Secretary of State

Entity Nan	ne: EYES	PY MEDIA	TECHNOLOGIES INC.				•	
Current Principal Place of Business:					New Principal Place of Business:			
15773 NW PEMBROK								
Current Mailing Address:					New Mailing Address:			
823 NE 199 APT 201 MIAMI, FL						8TH STREE E PINES, F		
FEI Number:	20-1265603	FEI Nu	mber Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na						Name and Address of New Registered Agent:		
MCCALLA, 15773 NW PEMBROK	3 ST		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: DWAYNE MCCALLA								
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:					${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	P BEGUESSE 17901 NW : MIAMI, FL	54 AVE.			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP MCCALLA, 15773 NW I PEMBROKE		33028		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	VP	( ) Delete			Title:	VP	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

JONES, GARY A 18311 NW 8TH STREET

PEMBROKE PINES, FL 33029

SIGNATURE: GARY JONES VP 03/02/2008