


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105331	
1. Entity Name BACK HOME PRODUCTIONS, INC.	

FILED

08 JUN 24 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2209 VALENCIA RD. ORLANDO, FL 32803	Mailing Address 2209 VALENCIA RD. ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 603 Rahn St.	3. Mailing Address 603 Rahn St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32806	Zip 32806
Country USA	Country USA



6. Name and Address of Current Registered Agent KING, MICHAEL H 2209 VALENCIA RD. ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name: King, Michael H. Street Address (P.O. Box Number is Not Acceptable): 603 Rahn St. City: Orlando FL Zip Code: 32806	
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: <i>Michael H. King</i>	DATE: 6/20/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MICHAEL H 2209 VALENCIA RD. ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D King, Michael H. 603 Rahn St. Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> 6/24 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael H. King</i>	DATE: 6/20/08 DAYTIME PHONE: 407 230 2370