


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

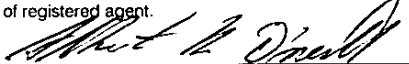
DOCUMENT # P04000108797		
1. Entity Name SKYLINE PRODUCTIONS, INC.		

Principal Place of Business 1400 N. SEMORAN BLVD. STE C ORLANDO, FL 32807	Mailing Address 1400 N. SEMORAN BLVD. STE C ORLANDO, FL 32807
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2. Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA Suite, Apt. #, etc. BLDG. 22A STE. 235		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State	
Zip 32819	Country ORANGE	Zip	Country

6. Name and Address of Current Registered Agent DECARO, MICHELLE 1400 N. SEMORAN BLVD. STE C ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name ALBERTO H. O'NEILL Street Address (P.O. Box Number is Not Acceptable) 1000 UNIVERSAL STUDIOS PLAZA BLDG. 22A STE. 235 City ORLANDO FL Zip Code 32819	
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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.

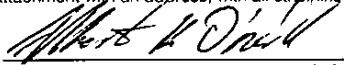
SIGNATURE  DATE 10/17/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB O'NEILL, ALBERTO 4732 E. MICHIGAN ST #1 ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO O'NEILL, ALBERTO 635H SEXTANT CT. ORLANDO, FL. 32807 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAMIEL, RAYMOND 1875 ANGELA DR. ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060709801 10/18/05--01028--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAMIEL, RAYMOND 1875 ANGELA DR. ORLANDO, FL 32817 <input checked="" 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	EX-T HAMIEL, GRACE 1875 ANGELA DR. ORLANDO, FL 32817 <input checked="" 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 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:  ALBERTO H. O'NEILL DATE 10/17/05 DAYTIME PHONE # 407-224-5985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05 OCT 17 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172005 REIN-P CR2E098 (6/04)

4. FEI Number 81-0658962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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