


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170886		
1. Entity Name J.S. PHOTO & VIDEO, INC.		

Principal Place of Business 6032 NW 31ST TERRACE GAINESVILLE, FL 32653	Mailing Address 6032 NW 31ST TERRACE GAINESVILLE, FL 32653
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2. Principal Place of Business - No P.O. Box # 1338 NW 13TH ST	3. Mailing Address 1338 NW 13TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

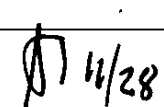
City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32601	Zip 32601
Country USA	Country USA

6. Name and Address of Current Registered Agent WILLIAMS, JEFF 6032 NW 31ST TERRACE GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name: JEFFREY S. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 1338 NW 13TH STREET City: GAINESVILLE FL Zip Code: 32601	
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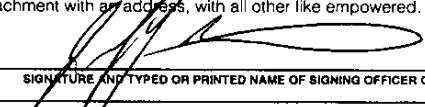
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  JEFFREY S. WILLIAMS 11/20/07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	D WILLIAMS, JEFF 6032 NW 31ST TERRACE GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILLIAMS, JEFFREY S. 1338 NW 13TH ST. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, SABRINA H 6032 NW 31ST TERRACE GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAMS, SABRINA H. 1338 NW 13TH ST. GAINESVILLE, FL 32601 <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	000112586520 11/27/07--01012--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 11/28 <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:  11/20/07 352-374-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
07 NOV 27 PM 4: 52
CLERK OF STATE
TALLAHASSEE, FLORIDA

