

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173369

1. Entity Name
YELLOW FEVER PRODUCTIONS INC.



Principal Place of Business
6132 ADRIATIC WAY
WEST PALM BEACH, FL 33413 US

Mailing Address
PO BOX 6124
LAKE WORTH, FL 33466 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132006

REIN-P

CR2E098 (11/05)

4. FEI Number

87-0738268

Applied For

Not Applicable

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

PHAN, PHUONG B
6132 ADRIATIC WAY
WEST PALM BEACH, FL 33413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

10/23/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 P
NAME CHINSEE, WELLINGTON
STREET ADDRESS 1031 FAIRFAX CIRCLE WAY
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME PHAN, PHUONG B
STREET ADDRESS 3146 NORTH JOG RD #12305
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Delete

TITLE VP
NAME Phan, Phuong B
STREET ADDRESS 6132 Adriatic Way
CITY-ST-ZIP West Palm Beach, FL 33413 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06 561-707-8645

Date

Daytime Phone #