

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000001760

FILED
Oct 10, 2008
Secretary of State

Entity Name: MURCHANDIZE MANAGEMENT, INC.

Current Principal Place of Business:

218 WEKIVA POINTE CIR
APOPKA, FL 32712

New Principal Place of Business:

930 CARTER RD
SUITE 206
WINTER GARDEN, FL 34787

Current Mailing Address:

218 WEKIVA POINTE CIR
APOPKA, FL 32712

New Mailing Address:

930 CARTER RD
SUITE 206
WINTER GARDEN, FL 34787

FEI Number: 20-2102944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MURCHISON R
218 WEKIVA POINTE CIR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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: MURCHISON R WILSON

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:

Title: P () Delete
Name: SAMUEL, OOMEN
Address: 880 MT PLEASANT DR
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: WILSON, MURCHISON R
Address: 218 WEKIVA POINTE CIR
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: WILSON, TRACEY P
Address: 218 WEKIVA POINTE CIR
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: SAMUEL, CYRIL
Address: 218 WEKIVA POINTE CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SAMUEL, CYRIL
Address: 880 MT PLEASANT DR
City-St-Zip: OCOEE, FL 34761

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.

SIGNATURE: CYRIL SAMUEL

T

10/10/2008

Electronic Signature of Signing Officer or Director

Date