


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000004639	
1. Entity Name D.G.L. PRODUCTIONS, INC.	

06 OCT 31 PM 2:23

Principal Place of Business 5701 COLLINS AVENUE, APT 1003 MIAMI BEACH, FL 33140	Mailing Address 5701 COLLINS AVENUE, APT 1003 MIAMI BEACH, FL 33140
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2. Principal Place of Business 5701 Collins Ave Suite, Apt. #, etc. 1003 City & State Miami Beach - FL Zip 33140 Country USA	3. Mailing Address 5701 Collins Ave Suite, Apt. #, etc. 1003 City & State Miami Beach - FL Zip 33140 Country USA
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4. FEI Number 20-2145219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEAMON, LIBIA N 5701 COLLINS AVENUE, APT 1003 MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent 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 Libia Seamon 10/19/06  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEAMON, LIBIA N 5701 COLLINS AVENUE, APT 1003 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800081367748 10/31/06--01033--006 **150.00 <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
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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: [Signature] 10/19/06  
SIGNATURE AND TYPE OF OFFICE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell OCT 30 2006