

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007413 1. Entity Name STUDIO 88 INC						FILED 06 OCT 17 AM 11:50 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 510 WEST 2ND STREET LAKELAND, FL 33805 US		Mailing Address 510 WEST 2ND STREET LAKELAND, FL 33805 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		10132006 REIN-P. CR2E098 (11/05) 06	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHODAZECK, THELMA J 206 LAKE HARRIS DRIVE LAKELAND, FL 33805				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ (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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, DESMOND			NAME	900080932719 10/18/06--01005--023 **150.00		
STREET ADDRESS	510 WEST 2ND STREET			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND,, FL 33805			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, PAUL E			NAME			
STREET ADDRESS	7441 JESSAMINE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33810			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWKINS, ISAAC			NAME			
STREET ADDRESS	20462 EST UNION CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	AURORA, CO 80015			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 _____				10/1/06 8636876154 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							