

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043002

1. Entity Name
OASIS MEDIA PRODUCTIONS, INC.



FILED

06 NOV 14 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11924 WEST FOREST HILL BOULEVARD
#22-393
WELLINGTON, FL 33414 US

Mailing Address
11924 WEST FOREST HILL BOULEVARD
#22-393
WELLINGTON, FL 33414 US

2. Principal Place of Business

8297 Champions Gate Blvd
Suite, Apt. #, etc.
#148

3. Mailing Address

8297 Champions Gate Blvd
Suite, Apt. #, etc.
#148



10192006

REIN-P

CR2E088 (11/05) 06

City & State

Champions Gate FL

City & State

Champions Gate FL

4. FEI Number

20-3235909

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, ANGELA
11924 WEST FOREST HILL BOULEVARD
#22-393
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
Angela Cheatham
Street Address (P.O. Box Number is Not Acceptable)
8297 Champions Gate Blvd
#148
City
Champions Gate FL Zip Code
33896

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-19-06

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

TITLE
NAME
P
CHEATHAM, ANGELA
STREET ADDRESS
11924 WEST FOREST HILL BOULEVARD, #22-393
CITY-ST-ZIP
WELLINGTON, FL 33414

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
President
Angela Cheatham
STREET ADDRESS
8297 Champions Gate Blvd #148
CITY-ST-ZIP
Champions Gate FL 33896

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
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10/27/06--01025--001 **158.75

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-06 877
460-7700