2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000064268

BERRY, CHRIS

PO BOX 5046

LARGO, FL 33779

Name:

Address:

City-St-Zip:

Entity Name: EAGLEWATCH PRODUCTIONS, INC.

FILED Oct 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4241 EAGLE WATCH BLVD. PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4241 EAGLE WATCH BLVD. PALM HARBOR, FL 34685 FEI Number: 26-0114163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VEHAR JALKANEN, DONNA 5400 PARK STREET N ST PETERSBURG, FL 33709 US 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: DONNA VEHAR JALKANEN 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SIMPSON, DONNA Name: Name: 1753 HIGHLAND CLUB CT. Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: () Delete Title: Title: () Change () Addition BERRY, ESTHER Name: Name: PO BOX 5046 Address: Address: LARGO, FL 33779 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition VEHAR JALKANEN, DONNA Name: Name: 4241 EAGLE WATCH BLVD. Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

	SIGNATURE: DONNA VEHAR JALKANEN	ST	10/26/2007
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