

2006 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P05000088917

1. Entity Name
AKONO ENTERTAINMENT CORPORATION



06 OCT 13 10:57

Principal Place of Business
27501 S. DIXIE HWY
SUITE 403
NARANJA, FL 33032

Mailing Address
27501 S. DIXIE HWY
SUITE 403
NARANJA, FL 33032

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1008200613 REIN-P. 0R2E099 (1105) 66

4. FEI Number
87-0741726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, DARRYL G
15610 PALMETTO CLUB DR
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
McLain, Karin
Street Address (P.O. Box Number is Not Acceptable)
4839 NW 112th Drive
City
Coral Springs FL Zip Code
33076

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 Karin McLain 10-3-06
Signature, typed or printed name 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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATTLE, JUBY DEON 4839 NW 112TH DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/11/06--01018--001 **35.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, REANEE 13070 SW 260TH STREET PRINCETON, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/12/06--01004--005 **115.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ALPHONSO 13070 SW 260 STREET PRINCETON, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLAIN, KARIN 4839 NW 112TH DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McLain, Karin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELISSIER, EMMANUEL P 21904 SW 110TH PLACE MIAMI, FL 33190	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHRISTOPHER 21374 SW 112TH AVENUE - APT. #102 MIAMI, FL 33189	<input checked="" 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] 10-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2



October 4, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: AKONO ENTERTAINMENT CORPORATION
Ref. Number: P05000088917

Dear Ms Mustain:

Akono Entertainment Corporation did not receive an annual report notice for 2006 and therefore request the reinstatement fee of \$600 be waived. A check for \$115 is enclosed which covers the annual report fee (\$61.25) and the corporate supplemental fee (\$88.75), less \$35 which was previously sent to your office.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Karin McLain". The signature is written in a cursive style with a large, stylized "M".

Karin McLain
Secretary
954-205-5282