

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000101298

FILED
Dec 02, 2006
Secretary of State

Entity Name: TVARTS PRODUCTIONS GROUP CORP.

Current Principal Place of Business:

8394 S.W. 152 AVE. SUITE 32
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

8394 S.W. 152 AVE. SUITE 32
MIAMI, FL 33193

New Mailing Address:

FEI Number: 05-0632805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, GLADYS
8394 S.W. 152 AVE. SUITE 32
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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: GLADYS CORTES

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CORTES, GLADYS
Address: 8394 S.W. 152 AVE. SUITE 32
City-St-Zip: MIAMI, FL 33193

Title: VP/D () Delete
Name: TELECHER, CLAUDIO
Address: 8394 S.W. 152 AVE. SUITE 32
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: TELECHER, CLAUDIO
Address: 8394 S.W. 152 AVE. SUITE 32
City-St-Zip: MIAMI, FL 33193

Title: S () Delete
Name: CORTES, GLADYS
Address: 8394 S.W. 152 AVE. SUITE 32
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: TELECHER, JOSE LUIS
Address: 8394 S.W. 152 AVE. SUITE 32
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: GLADYS CORTES

Electronic Signature of Signing Officer or Director

P/D

12/02/2006

Date