## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000144431

Address: City-St-Zip: 1499 BELMONT HILLS DRIVE

SUWANEE, GA 30024

FILED Oct 21, 2009 Secretary of State

Entity Nar	ne: ROZ COI	MPANY F	PRODUCTIONS				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	H DRIVE SOU VILLE, FL 322		6				
Current Mailing Address:				New Maili	New Mailing Address:		
	H DRIVE SOU VILLE, FL 322		6				
FEI Number:		FEI Nur	nber Applied For()	FEI Number Not App	licable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
SAPP, MILDRED S 2247 SOUTH BARRY DRIVE JACKSONVILLE, FL 32208 US				1604 WES	BELL, DEBORAH L 1604 WEST 34TH STREET JACKSONVILLE, FL 32209 US		
The above in the State	named entity : of Florida.	submits t	his statement for the pu	rpose of changing i	ts registe	red office or registered agent, or both,	
SIGNATURE: DEBORAH BELL					10/21/2009		
Electronic Signature of Registered Agent				t	Date		
			S., the corporation did not nd Contribution ( ).	receive the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) BURROUGH, R 4423 ROTH DR JACKSONVILLI	RIVE SOUTI		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) BURROUGH, K 4600 OXBOTTO VALDOSTA, GA	OM DRIVE		Title: Name: Address: City-St-Zip:		(X) Change()Addition KEENYA DNS NEST CIRCLE ND, GA 316548	
Title: Name:	SEC ( ) BURROUGH, G	) Delete ENE		Title: Name:		( ) 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.

Address:

City-St-Zip:

SIGNATURE: ROSLYN BURROUGH Ρ 10/21/2009