

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000164824

FILED  
Dec 01, 2006  
Secretary of State

Entity Name: FRITZ SERVICES CORPORATION

## Current Principal Place of Business:

4295 SUNBEAM RD.  
1115  
JACKSONVILLE, FL 32257 US

## Current Mailing Address:

4295 SUNBEAM RD.  
1115  
JACKSONVILLE, FL 32257 US

## New Principal Place of Business:

4295 SUNBEAM RD.  
115  
JACKSONVILLE, FL 32257 US

## New Mailing Address:

FEI Number: 20-3979814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOCKMEDIA CORP.  
7862 W IRLO BRONSON HWY  
121  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

SHOCKMEDIA CORP.  
9766 OLD SAINT AUGUSTINE RD  
2  
JACKSONVILLE, FL 32257 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: JOSE JARDIM JUNIOR

12/01/2006

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:

Title: PS ( ) Delete  
Name: DA SILVA, GIL P PS  
Address: 4295 SUNBEAM RD, #115  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPT ( ) Delete  
Name: SILVA, MARIA R  
Address: 4295 SUNBEAM RD, #115  
City-St-Zip: JACKSONVILLE, FL 32257 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: DA SILVA, GIL P PS  
Address: 4295 SUNBEAM RD #115  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPT (X) Change ( ) Addition  
Name: SILVA, MARIA R  
Address: 4295 SUNBEAM RD #115  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: GIL P DA SILVA

P

12/01/2006

Electronic Signature of Signing Officer or Director

Date