

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000039910

FILED  
Sep 28, 2007  
Secretary of State

Entity Name: MAC & BUMBLE PRODUCTIONS INC.

## Current Principal Place of Business:

18671 COLLINS AVE #2802  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

18671 COLLINS AVE #2802  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

FEI Number: 20-4540531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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: TORE KESICKI

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: DPV ( ) Delete  
Name: KESICKI, TORE  
Address: 18671 COLLINS AVE #2802  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST ( ) Delete  
Name: KESICKI, TORE  
Address: 18671 COLLINS AVE #2802  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition  
Name: KESICKI, TORE  
Address: 297 KINGDOM AVENUE  
City-St-Zip: STATEN ISLAND, NY 10312

Title: ST (X) Change ( ) Addition  
Name: KESICKI, TORE  
Address: 297 KINGDOM AVENUE  
City-St-Zip: STATEN ISLAND, NY 10312

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.

SIGNATURE: TORE KESICKI

Electronic Signature of Signing Officer or Director

DPV

09/28/2007

Date