


# 2007 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000047547		
1. Entity Name A.F.I. PRODUCTIONS INC.		

Principal Place of Business 6350 68TH AVE NORTH PINELLAS PARK, FL 33781	Mailing Address 6350 68TH AVE NORTH PINELLAS PARK, FL 33781
---	---

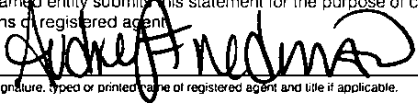
2. Principal Place of Business - No P.O. Box # 10755 71st Ave Suite, Apt. #, etc. West City & State Seminole, FL Zip 33772 Country USA	3. Mailing Address 10755 71st Ave Suite, Apt. #, etc. West City & State Seminole, FL Zip 33772 Country USA
---	---

FILED  
07 NOV 16 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



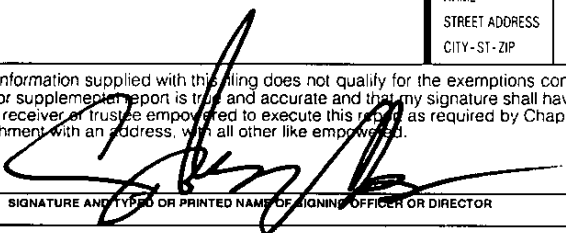
10192007	REIN-P	CR2E098 (1/07)	01
4. Fee Number 02-0773387			Applied For Not Applicable

6. Name and Address of Current Registered Agent FRIEDMAN, CHARLES 6350 68TH AVE NORTH PINELLAS PARK, FL 33781	7. Name and Address of New Registered Agent Name Audrey Friedman Street Address (P.O. Box Numbers Not Acceptable) 10755 71st Ave Suite West City Seminole FL Zip Code 33772
--	---

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 	DATE NOV. 14, 07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	P FRIEDMAN, CHARLES 6350 68TH AVE NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHARLES FRIEDMAN 10755 71st Ave "Suite W" Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Audrey Friedman 10755 71st Ave "Suite W" Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000112375340 11/16/07--01024--002 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE NOV. 14, 07 Daytime Phone # (727) 3919128

B. Mitchell NOV 10 2007