2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000054405

Entity Name: SHINING ENTERTAINMENT INC

LEBENDIKER, DEBORA F

703 NE 195 STREET

MIAMI, FL 33179

Name: Address:

City-St-Zip:

FILED Nov 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 703 NE 195 STREET MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 703 NE 195 STREET MIAMI, FL 33179 US FEI Number: 20-4709325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYES, SOLANGE BW & T BUSINESS ADVISERS, INC. 671 NE 195 STREET 9050 PINES BLVD 205 450 MIAMI, FL 33179 US PEMBROKE PINES, FL 33024 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: NAYARIT BRICENO 11/13/2008 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ABRAMZON, RAUL O Name: Name: 703 NE 195 STREET Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LEBENDIKER, DEBORA F Name: 703 NE 195 STREET Address: Address: MIAMI, FL 33179 City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition ABRAMZON, RAUL O Name: Name: 703 NE 195 STREET Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: (X) Delete Title: () 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: RAUL ABRAMZON 11/13/2008