REINSTATEMENT

2007 FOR PROFIT CORPORATION
~~ANNUAL REPORT (AR)~~

05-17-2007 90039 009 ***150.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400115692

DOCUMENT # P06000071243

1. Entity Name
BOSS OF BOSS ENTERTAINMENT PRODUCTION, INC.

Principal Place of Business
5041 S. STATE ROAD 7 SUITE 407
DAVIE FL 33314

Mailing Address
5041 S. STATE ROAD 7 SUITE 407
DAVIE FL 33314

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5041 S State Rd 7	
Suite, Apt. #, etc. 407	Suite, Apt. #, etc.
City & State: Davie Florida	City & State
Zip: 33314 Country: USA	Zip: Country:

4. FEI Number: 72-1618338 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOBLACK, PETER
6991 W. BROWARD BLVD. SUITE 112
PLANTATION FL 33317

7. Name and Address of New Registered Agent
Name: Peter LoBlack
Street Address (P.O. Box Number is Not Acceptable): 6991 W. Broward Blvd
Suite 112
City: Plantation FL Zip Code: 33317

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, DONALD 5041 S. STATE ROAD 7 SUITE 407 DAVIE FL 33314 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 07 pcs

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 5-3-07 (954-264-5497)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Donald Gordon. He stated he mailed corrected document back to us