

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000133616

**FILED**  
**Oct 06, 2008**  
**Secretary of State**

**Entity Name:** CHIP MADERA PRODUCTIONS, INC.

**Current Principal Place of Business:**

20 SECREST DR.  
ARDEN, NC 28704

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2955  
ASHEVILLE, NC 28802

**New Mailing Address:**

**FEI Number:** 20-5751685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADERIA, III, GUST J  
3391-F EAST SILVER SPRINGS BLVD.  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

MADERIA, GUST J DIR.  
3915 58TH CIRCLE  
VERO BEACH, FL 32966 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: GUST J. MADERIA

10/06/2008

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:**

Title: D ( ) Delete  
Name: MADERIA, III, GUST J  
Address: 20 SECREST DR  
City-St-Zip: ARDEN, NC 28704

Title: D ( ) Delete  
Name: MADERIA, CYNTHIA L  
Address: 20 SECREST DR.  
City-St-Zip: ARDEN, NC 28704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUST J. MADERIA

D

10/06/2008

Electronic Signature of Signing Officer or Director

Date