## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000017051

Address:

City-St-Zip:

200 E ANGELINO BLDG 1 # 125

BURBANK, CA 91502 US

Entity Name: ENTWINS PRODUCTIONS INC.

FILED Oct 28, 2008 Secretary of State

Littly Na	IIIE. LINTVING PRODUCTIONS, INC.			
Current P	rincipal Place of Business:	New Principal Place	of Business:	
	WOOD CIRCLE C, FL 33319 US			
Current N	lailing Address:	New Mailing Address	<b>::</b>	
	GWOOD CIRCLE C, FL 33319 US			
FEI Number	: FEI Number Applied For (	) FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and	l Address of Current Registered Ager	nt: Name and Address o	f New Registered Agent:	
ENTIN, AL 6002 DOG TAMARAC	LVIN GWOOD CIRCLE C, FL 33319 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: ALVIN ENTIN			
	Electronic Signature of Registere	d Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution()			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P D ( ) Delete ENTIN, LOIS 6002 DOGWOOD CIRCLE TAMARAC, FL 33319 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP D ( ) Delete ENTIN, ALVIN 6002 DOGWOOD CIRCLE TAMARAC, FL 33319 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIR ( ) Delete ENTIN, EDMUND 200 E ANGELINO BLDG 1 # 125 BURBANK, CA 91502 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DIR ( ) Delete ENTIN, GARY	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: LOIS ENTIN PD 10/28/2008