


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000097159		
1. Entity Name TRANWAVE PRODUCTIONS INC.		
Principal Place of Business 16214 33RD CT E PARRISH, FL 34219 US		Mailing Address 16214 33RD CT E PARRISH, FL 34219 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country

FILED

09 JUN 15 AM 4:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT **08-09**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARVANTIS, BRYSON 16214 33RD CT E PARRISH, FL 34219		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 <input type="checkbox"/> Delete ARVANTIS, BRYSON 16214 33RD CT E PARRISH, FL 34219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700157176177 06/15/09--00048--018 **300.00
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
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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: *Bryson Arvantis* **ARVANTIS** **6-4-2009** **941-209-0072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #