

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000099277

**FILED**  
**Aug 10, 2010**  
**Secretary of State**

**Entity Name:** SIELIK PRODUCTIONS, INC.

**Current Principal Place of Business:**

99 NORTHWEST 2ND AVE  
SUITE 239 H  
MIAMI, FL 33169

**New Principal Place of Business:**

6065 NW 167TH STREET  
SUITE B27  
MIAMI, FL 33015

**Current Mailing Address:**

P O BOX 170032  
MIAMI, FL 33017

**New Mailing Address:**

PO BOX 260544  
PEMBROKE PINES, FL 33026

**FEI Number:** 26-3135489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, MIKLER  
19560 NW 33 AVE  
MIAMI, FL 33055 US

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

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: M ANDERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SPARKS, LOUIS II  
Address: PO BOX 820274  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: VP  
Name: ANDERSON, MIKLER  
Address: POST OFFICE BOX 260544  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SEC  
Name: MOORE, BERLANDA  
Address: 16031 NW 18TH PL  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: TR  
Name: CHACON, MARTA  
Address: 19560 NW 33 AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: M ANDERSON

VP

08/10/2010

Electronic Signature of Signing Officer or Director

Date