2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P07000108113 MEDIAVILLA PRODUCTIONS DESIGN CO. 09 NOV -2 PM 3:54 ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2352 SOUTHWEST 15TH STREET 2352 SOUTHWEST 15TH STREET MIAMI, FL 33145 MIAMI, FL 33145 -491918 2. Principal Place of Business - No P.O. Box # 10040 NW 9th St-Circle 3. Mailing Address SAME REMOSTATEM Suite. Apt. #, etc. #PT # 202 Suite, Apt. #, etc. Applied For 4. FEI Number 3969666 City & State FLORIDA Not Appl@aq Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City MIAN! 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. FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PD MEDIAUIllA, Gujllermo A. 10040 NN 9th St-Circle # 202 Miami, FZ 33172 Change Addition TITLE ☐ Delete TITLE MEDIAVILLA, GUILLERMO A NAME NAME STREET ADDRESS 2352 SOUTHWEST 15TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 VPSD TITI F **VPSD** ☐ Delete TITLE GUERRA, ESTREllA, Change ☐ Addition 10040 NW 9th St-Circle #202 GUERRA, ESTRELLA NAME NAME 2352 SOUTHWEST 15TH STREET STREET ADDRESS STREET ADDRESS FC 33192 CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Delete TITLE [Change ☐ Addition TITLE NAME 200160938922 09/22/09--00033--00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME 200160938982 STREET ADDRESS STREET ADDRESS 11/02/09--01045--027 **150.00 CITY-ST-ZIP CITY-ST-ZIP ____ Change Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE [7] Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stalutes. 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR