2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 19, 2008
Secretary of State

DOCUMENT# P07000130663

Entity Name: EVENTOLOGY STUDIOS, INC.

Current Principal Place of Business:

16558 NE 26TH AVENUE
#2G
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

18181 NE 31 COURT
T-PH07
AVENTURA, FL 33160

Current Mailing Address:

16558 NE 26TH AVENUE
#2G
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

18181 NE 31 COURT
T-PH07
AVENTURA, FL 33160

FEI Number: 26-1547291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINE, LESLIE
16558 NE 26TH AVENUE
#2G
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

FINE, LESLIE G VP
18181 NE 31 COURT
T-PH07
AVENTURA, FL 33160 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: DAVID COHN 11/19/2008
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: P ( ) Delete
Name: FINE, LESLIE
Address: 556 CLUBHOUSE ROAD
City-St-Zip: WOODMERE, NY 11598

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: FINE, LESLIE G VP
Address: 556 CLUBHOUSE ROAD
City-St-Zip: WOODMERE, NY 11598 US

Title: MR ( ) Change (X) Addition
Name: COHN, DAVID M CCO
Address: 18181 NE 31 COURT STE# T-PH07
City-St-Zip: AVENTURA, FL 33160 US

Title: MRS ( ) Change (X) Addition
Name: COHN, LAUREN D VP
Address: 18181 NE 31 COURT STE# T-PH07
City-St-Zip: AVENTURA, FL 33160 US

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: DAVID COHN CCO 11/19/2008
Electronic Signature of Signing Officer or Director Date