

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000130663

Entity Name: EVENTOLOGY STUDIOS, INC.

**FILED**  
**May 02, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

18181 NE 31 COURT  
T-PH07  
AVENTURA, FL 33160

## **New Principal Place of Business:**

17071 WEST DIXIE HIGHWAY  
SUITE# 111  
NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

18181 NE 31 COURT  
T-PH07  
AVENTURA, FL 33160

## **New Mailing Address:**

17071 WEST DIXIE HIGHWAY  
SUITE# 111  
NORTH MIAMI BEACH, 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:**

COHN, DAVID M PRES.  
18181 NE 31 COURT  
T-PH07  
AVENTURA, FL 33160 US

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

COHN, DAVID M CEO  
17071 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, 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 M. COHN

05/02/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FINE, LESLIE G VP  
Address: 511 LESLIE DRIVE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MR  
Name: COHN, DAVID M CEO  
Address: 17071 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MRS  
Name: COHN, LAUREN D PRES  
Address: 17071 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

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: DAVID COHN

CEO

05/02/2011

Electronic Signature of Signing Officer or Director

Date