## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000018402

City-St-Zip:

Entity Name: RELENTLESS PEOPLE ENTERTAINMENT INC.

FILED Nov 16, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
615 SUMN S306	IIT POINTE DE	₹				
	D, FL 32818					
Current Mailing Address:			New Maili	New Mailing Address:		
615 SUMMIT POINTE DR						
S306 ORLANDO	D, FL 32818					
FEI Number	: 51-0668933	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Nan				ame and Address of New Registered Agent:		
JOSEPH, 615 SUMN S306 ORLANDO		S				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE: CARLA V	. JOSEPH				
	Electror	ic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) JOSEPH, CARI 615 SUMMIT P ORLANDO, FL	OINTE S306	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CHRISTOPHER 610 SOUTH WI	Delete R, BRENDA A EST 95 TERRACE NES, FL 33024	Title: Name: Address: City-St-Zip:	VP (X WARD, LINCO 4447 SETON A BRONX, NY 1	AVE	
Title: Name: Address: City-St-Zip:	VP ( ) FLEMING, JAH 7210 WADE RI BAYTOWN, TX	)	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address:		Delete	Title: Name: Address:	FENTON, KAN	) Change (X) Addition MARECE L HILLS RD 103	

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.

City-St-Zip:

ORLANDO, FL 32808

SIGNATURE: CARLA V. JOSEPH Ρ 11/16/2009