2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2005
Secretary of State

DOCUMENT# P95000086193

Entity Name: SENSATIONAL ENTERTAINMENT XTRAVAGANZA, INC.

Current Principal Place of Business:

215 U.S. 27
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

17731 PHIL C PETERSON
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3356466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, CARL
17731 PHIL C PETERS RD
WINTER GARDEN, FL 34787 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: CARL LARSEN

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: ARDITO, BEN
Address: 101 BRANDVIEW ST. #101
City-St-Zip: MOUNT DORA, FL 32757

Title: PST ( ) Delete
Name: LARSEN, CARL
Address: 17731 PHIL C PETERS RD
City-St-Zip: WINTER GARDENS, FL 34787

Title: S ( ) Delete
Name: MAGRONE, NICK
Address: 1524 SYLVAN DR
City-St-Zip: MT DORA, FL 32757

Title: T ( ) Delete
Name: LARSEN, TINA
Address: 17731 PHIL C PETERS
City-St-Zip: WINTE RGARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL LARSEN PST 10/02/2005

Electronic Signature of Signing Officer or Director — Date