2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2008 DEC 31 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050334

1. Entity Name
TRANS CONTINENTAL STUDIOS, INC.

Principal Place of Business	Mailing Address
1000 S. FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33316	PO BOX 14213 FORT LAUDERDALE, FL 33302

12452008 REIN-P CR2E098(01/07)

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1814 WINDERMERE DOWN PLACE	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: WINDERMERE, FL	City & State
Zip: 34786 Country: USA	Zip Country

4. FEI Number: 59-3458404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPILA, SONEET R TRUSTEE 1000 S. FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33316	Name: MILLS, GEORGE E. Street Address (P.O. Box Number is Not Acceptable): 1814 WINDERMERE DOWN PLACE City: WINDERMERE FL Zip Code: 34786

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: GEORGE E MILLS DATE: 12/29/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR KAPILA, SONEET R TRUSTEE 1000 S. FEDERAL HWY, SUITE 200 FORT LAUDERDALE, FL 33316	☒ Delete	D MILLS, GEORGE E. P.O. BOX 995 GOTHA, FL 34734-0995	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	PVTS MILLS, GEORGE E. P.O. BOX 995 GOTHA, FL 34734-0995	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600139408656 12/31/08--01087--012 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E. MILLS 12/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #