

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000039105

FILED
Oct 25, 2004
Secretary of State

Entity Name: JOE BLASCO MAKEUP CENTER EAST, INC.

Current Principal Place of Business:

5422 CARRIER DR
STE 304
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

1670 HILLHURST AVE
LOS ANGELES, CA 90027

New Mailing Address:

5422 CARRIER DR
304
ORLANDO, FL 32819

FEI Number: 59-3517793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLASCO, JOE
7340 GREENBRIAR PARKWAY
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SCHOONOVER, LINDA D
982 DOUGLAS AVE
104
ALTAMONTE SPRINGS, FL 32714 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: LINDA SCHOONOVER

10/25/2004

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: PVST () Delete
Name: BLASCO, JOSEPH D
Address: 7340 GREENBRIAR PARKWAY
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: BLASCO, JOSEPH D
Address: 7340 GREENBRIAR PARKWAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: BLASCO, JOSEPH D
Address: 5422 CARRIER DR
City-St-Zip: ORLANDO, FL 32819

Title: TD (X) Change () Addition
Name: BLASCO, JOSEPH D
Address: 5422 CARRIER DR
City-St-Zip: ORLANDO, FL 32819

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: JOE BLASCO

PVST

10/25/2004

Electronic Signature of Signing Officer or Director

Date