2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2005
Secretary of State

DOCUMENT# P98000066593

Entity Name: SBZZ OF ORLANDO, INC.

Current Principal Place of Business:

190 MORSE BLVD
WINTER PARK, FL 32789

New Principal Place of Business:

190 E. MORSE BLVD
WINTER PARK, FL 32789

Current Mailing Address:

C/O BROWN NORRIS
770 LEXINGTON AVE., 5TH FLOOR
NEW YORK, NY 10021

New Mailing Address:

C/O BROWN HARRIS STEVENS
770 LEXINGTON AVE., 5TH FLOOR
NEW YORK, NY 10021

FEI Number: 58-2405499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINERT, PETER E ESQ
C/O GODBOLD, DOWNING, SHEAHAN, BATAGLIA
222 W. COMSTOCK AVE., SUITE 101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

WILLIAM ATTERBURY
ALLEY MAASS ROGER & LINDSEY
340 ROYAL POINCIANA SUITE 321
PALM BEACH, FL 33480 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: WILLIAM ATTERBURY 10/17/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZECKENDORF, ARTHUR
Address: 770 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10021

Title: VP ( ) Delete
Name: ZECKENDORF, WILLIAM L
Address: 770 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10021

Title: VP ( ) Delete
Name: SWIG, KENT
Address: 770 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10021

Title: VP ( ) Delete
Name: BURRIS, DAVID
Address: 770 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10021

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: DAVID BURRIS VP 10/17/2005
Electronic Signature of Signing Officer or Director Date