2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000089359

1. Entity Name
TRIAL BY VIDEO, INC.

FILED
09 MAY -6 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04172009 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
~~2400 E. LAS OLAS BLVD., #128~~ FT. LAUDERDALE, FL 33301	~~2400 E. LAS OLAS BLVD., #128~~ FT. LAUDERDALE, FL 33301

2. Principal Place of Business - No P O Box #: 401 E. LAS OLAS Blvd., #130-449
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State | Zip | Country

City & State | Zip | Country

4. FEI Number: 65-0869689 ☐ Applied For ☐ Not Applicable

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

6 Name and Address of Current Registered Agent

RECCHI, ENRICO
~~2400 E. LAS OLAS BLVD., #128~~ →
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 401 E. LAS OLAS Blvd., #130-449

City **FL** Zip Code

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: ✓ Enrico Recchi 4.23.09
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RECCHI, ENRICO ~~2400 E. LAS OLAS BLVD., #128~~ → FT. LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 401 E. LAS OLAS Blvd., #130-449
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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: ✓ Enrico Recchi 4.23.09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #