


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000000591	
1. Entity Name ELITE ENTERTAINMENT PRODUCTIONS, INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:51

Principal Place of Business 1844 N NOB HILL RD 221 FORT LAUDERDALE, FL 33322	Mailing Address 1844 N NOB HILL RD 221 FORT LAUDERDALE, FL 33322
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**REINSTATEMENT** 05



2. Principal Place of Business 8427 W. McNab Rd Suite, Apt. #, etc.	3. Mailing Address 8427 W. McNab Rd Suite, Apt. #, etc.
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10062005 REIN-P CR2E098 (6/04)

City & State Tamarac, FL	City & State Tamarac, FL 33321
Zip 33321	Zip 33321
Country USA	Country USA

4. FEI Number 65-0887340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, JANNICE F 1844 N NOB HILL RD #221 FORT LAUDERDALE, FL 33322	7. Name and Address of New Registered Agent Name Jannice F. Davis Street Address (P.O. Box Number is Not Acceptable) 8427 W. McNab Rd City Tamarac FL Zip Code 33321
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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 <i>J Davis</i>	DATE 10/13/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAVIS, JANNICE F 1844 N NOB HILL RD FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060896957 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/24/05--01057--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>J Davis</i>	DATE 10/13/05 954 452 6902
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	