2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000009665

Entity Name: THE BALLISTIC PIXEL LAB INC.

FILED Oct 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

43 SKYLINE DRIVE SUITE 3001

LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

43 SKYLINE DRIVE SUITE 3001

LAKE MARY, FL 32746 US

FEI Number: 59-3558731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOBES, GREGORY M 4225 ANISSA AVENUE

ORLANDO, FL 32814 US

DAVIS, NICHOLAS 43 SKYLINE DR. SUITE 3001 LAKE MARY, FL 32746 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: NICHOLAS DAVIS 10/24/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Name: JOBES, GREGORY Address: 4225 ANISSA AVENUE

City-St-Zip: ORLANDO, FL 32814

Title: CEO () Delete
Name: WORLEY, DONALD JR
Address: 741 GOLDEN LABOR COLIE

Address: 741 GOLDEN LARCH COURT City-St-Zip: DELTONA, FL 32725

Title: () Delete

Name: Address: City-St-Zip: Title: CEO (X) Change () Addition

Name: HEBEL, DAVID

Address: 43 SKYLINE DRIVE, SUITE 3001

City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Change () Addition

Name: BEASON, VIVIAN

Address: 43 SKYLINE DRIVE, SUITE 3001 City-St-Zip: LAKE MARY, FL 32746

Title: S,T () Change (X) Addition

Name: DAVIS, NICHOLAS

Address: 43 SKYLINE DRIVE, SUITE 3001 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NICHOLAS DAVIS S,T 10/24/2007