

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032248

1. Corporation Name

SLAM ALLEY PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

~~532 COLORADO AVENUE~~  
~~SANTA MONICA CA 90401~~

~~532 COLORADO AVENUE~~  
~~SANTA MONICA CA 90401~~



000009319310  
12/03/02--01051--010 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
7680 UNIVERSAL BLVD

3. New Mailing Office Address, If Applicable  
7680 UNIVERSAL BLVD

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 565

SUITE 565

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

32819

USA

Zip

Country

32819

USA

5. FEI Number

65-0919721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>CLEMMONS, CLARENCE</del>	<del>532 COLORADO AVE</del>	<del>SANTA MONICA CA 90401</del>
PD	CLEMONS, CLARENCE	7680 UNIVERSAL BLVD, STE 565	ORLANDO, FL 32819

8. Name and Address of Current Registered Agent

DELANO, DARLENE  
568 EAST WOOLBRIGHT RD #234  
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name  
DARLENE DELANO  
Street Address (P.O. Box Number is Not Acceptable)  
562 EAST WOOLBRIGHT ROAD  
Suite, Apt. #, Etc.  
SUITE 234  
City  
BOYNTON BEACH  
State  
FL  
Zip Code  
33435

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 407-363-7040

**Slam Alley Productions, Inc**

7680 Universal Blvd, Ste 565  
Orlando, FL 32819  
Tele 407-363-7040 □ Fax 407-345-5261

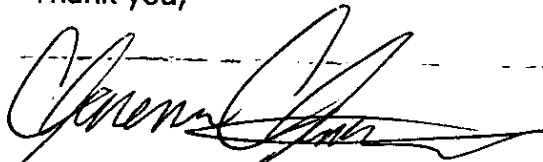
October 31, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Please accept this letter as confirmation that prior UBR notices were not received. Effective 8/1/02 the management of the company's business affairs transferred from a provider in California to a new one in Florida. We have searched the files that were forwarded and were unable to locate any prior notices or payments as appropriate. We have enclosed a check in the amount of \$150.00 requesting reinstatement without penalty.

Thank you,

A handwritten signature in black ink, appearing to read 'Clarence Clemons', written over a horizontal line.

Clarence Clemons  
President