

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ORLANDO VIDEO PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2803 - CRANE TRACE CIRCLE
ORLANDO FL 32837

2803 - CRANE TRACE CIRCLE
ORLANDO FL 32837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For	
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City & State

City & State-

$-59 = -3601 = 507$

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ETHERIDGE, SHAWN D	2803 - CRANE TRACE CIRCLE	ORLANDO FL 32837
D	MIRRIONE, CHRIS M	268 - PINE SPRINGS DRIVE	DEBARY FL 32713

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLACE, SCOTT G
250 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Name
Shawn D. Etheridge

Street Address (P.O. Box Number is Not Acceptable)
2803 Crane Trace Circle

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32837

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.

Signature of
Registered Agent

Date 12-21-2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date _____

Daytime Phone #

0017244 AF