2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000088935

1. Entity Name
BILLY DUKE'S ENTERTAINMENT SOURCE, INC.

FILED
05 MAY -2 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1750 NORTH FLORIDA MANGO ROAD SUITE 408 WEST PALM BEACH, FL 33409 US	1750 NORTH FLORIDA MANGO ROAD SUITE 408 WEST PALM BEACH, FL 33409 US

04272005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
~~88 Salisbury D~~	PO Box 222926
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Bch, FL	City & State: West Palm Beach, FL
Zip: 33417 Country:	Zip: 33422 Country: Palm Bch.

4. FEI Number: 65-0954341 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BANDLOW, A. MARIE
1750 N FLORIDA MANGO RD STE 408
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______________________________
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: CDP NAME: TESONE, WILLIAM N STREET ADDRESS: 77 SALISBURY DRIVE CITY-ST-ZIP: WEST PALM BEACH, FL 33417	☐ Delete	[X] Change ☐ Addition Tesone, William N. P.O. Box 222926 West Palm Beach, FL 33422
TITLE: DST NAME: BANDLOW, A. MARIE STREET ADDRESS: 1125 CARAMBOLA CIRCLE CITY-ST-ZIP: WEST PALM BEACH, FL 33406	☐ Delete	☐ Change ☐ Addition 000054353590 05/13/05--01009--007 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: [signature] Wm N. Tesone President 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/90/20