

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000109868

FILED
Oct 28, 2004
Secretary of State

Entity Name: CYGNUS ENTERTAINMENT, INC.

Current Principal Place of Business:

901 INTERNATIONAL PARKWAY
SUITE 300
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

901 INTERNATIONAL PARKWAY
SUITE 300
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3601006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, JEFFREY P
901 INTERNATIONAL PARKWAY
SUITE 300
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JEFFREY P
Address: 25447 MCDOWELL CT.
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: JOHNSON, KAREN A
Address: 25447 MCDOWELL CT.
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: STEVENS, LARRY D
Address: 285 SHADY OAK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ONYETT, ROY
Address: LITTLE HAMPTON COURT
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: PAUL, LARRY S
Address: 4445 MARINERS RIDGE
City-St-Zip: ALPHARETTA, GA 30005

Title: O () Delete
Name: CROWLEY, JAMES R
Address: 8516 SUMMERVILLE PLACE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DEKKER, HENRY
Address: 1260 HALLOW BROOK LANE
City-St-Zip: MALABAR, FL 32950

Title: D (X) Change () Addition
Name: SHAPER, STEVE
Address: 1800 W. LOOP SOUTH #770
City-St-Zip: HOUSTON, TX 77027

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES R CROWLEY

COO

10/28/2004

Electronic Signature of Signing Officer or Director

_____ Date