


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S95197		
1. Entity Name WALKER BROS. CIRCUS, INC.		

Principal Place of Business 410 HOULE AVENUE SARASOTA, FL 34232	Mailing Address 410 HOULE AVENUE SARASOTA, FL 34232
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 OCT 24 PM 1:42
CLERK OF STATE
TALLAHASSEE, FLORIDA



10162006 REIN-P CR2E098 (11/05) 06

4. FEI Number 65-0309685		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAUDILL, ALICE G. 410 HOULE AVENUE SARASOTA, FL 34232		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 *Alice G. Caudill* 10-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	500081131049	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAUDILL, JERRY S			NAME	10/24/06--01007--014		
STREET ADDRESS	32755 SINGLETARY RD			STREET ADDRESS	**150.00		
CITY-ST-ZIP	MYAKISA CITY, FL 34251			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAUDILL, JOHN N., JR.			NAME			
STREET ADDRESS	410 HOULE AVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAUDILL, GINA E.			NAME			
STREET ADDRESS	410 HOULE AVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Alice G. Caudill* 10-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #