

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 APR -8 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29572	
1. Entity Name ZFX PRODUCTIONS, INC.	



Principal Place of Business % SAMUEL S. KETTULA 11929 E. COLONIAL DRIVE, SUITE 311 ORLANDO, FL 32826	Mailing Address % SAMUEL S. KETTULA 11929 E. COLONIAL DRIVE, SUITE 311 ORLANDO, FL 32826
---	---



2. Principal Place of Business 1170 Tree Swallow Dr. Suite, Apt. #, etc. PMB 303 City & State Winter Springs FL Zip 32708 Country USA	3. Mailing Address PO BOX 196879 Suite, Apt. #, etc. City & State Winter Springs FL Zip 32719-6879 Country USA
--	--

04072005 REIN-P CR2E098 (6/04) MRD

4. FEI Number 59-3118664	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent KETTULA, SAMUEL S. 11929 E. COLONIAL DRIVE SUITE 311 ORLANDO, FL 32826	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1400 Chippeewa Lane City Geneva FL FL Zip Code 32732	
--	--

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	Sam Kettula 4-7-05
(NOTE: Registered Agent signature required when reinstating)	

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTULA, SAMUEL S. 1400 CHIPPEWA LANE GENEVA, FL 32732 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KETTULA, SAMUEL S. 1400 CHIPPEWA LANE GENEVA, FL 32732 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KETTULA, SHERYL M 1400 CHIPPEWA LANE GENEVA, FL 32732 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000051350580 04/20/05--01011--013 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000051350580 04/20/05--01011--014 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:	Sam Kettula 4-7-05 407-834-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	