

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000003860					
1. Entity Name FONOVISA, INC.					
Principal Place of Business 1999 AVENUE OF THE STARS SUITE 3050 LOS ANGELES, CA 90067			Mailing Address 1999 AVENUE OF THE STARS SUITE 3050 LOS ANGELES, CA 90067		
2. Principal Place of Business 5820 Canoga Ave.			3. Mailing Address 500 Frank W. Burr Blvd.		
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc. 6th Floor		
City & State Woodland Hills, CA			City & State Tecumseh, New Jersey		
Zip 91367		Country USA		Zip 07666-6802	
		Country USA		4. FEI Number 95-4049485	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				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 <u>M. Fitzpatrick</u> Margaret Fitzpatrick Assistant Secretary 10/27/04 Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reinstating.) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEHAR, JOSE 1999 AVE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Behar, Jose 5820 Canoga Ave., Suite 300 Woodland Hills, CA 91367	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CAHILL, ROBERT V 1999 AVE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLANK, GEORGE W 500 FRANK W. BUFF BLVD. 6TH FLOOR TECUMSEH, NJ 07666	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Jeffrey T. Hinson 500 Frank W. Burr Blvd., 6th Floor Tecumseh, New Jersey 07666-6802	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PALACIO, DAVE 1999 AVE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Palacio, DAVE 5820 Canoga Ave., Suite 300 Woodland Hills, CA 91367	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRANWINKLE, C DOUGLAS 1999 AVE OF THE STARS, STE. 3050 LOS ANGELES, CA 90067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <u>C. Douglas Kranwinkle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/3/04 (212) 348-3674 Date Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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