## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000141968  1. Entity Name									D			
ABC NETWORK COMMUNICATION, CORP.							08	MAR 26 P	M 1: 17	7		
Principal Place 6345 SE 138 MIAMI, FL 33	B CT	s	Mailing Address 6345 SE 138 CT MIAMI, FL 33183	6345 SE 138 CT			SECTORING OF STATE  TAGA 125 - ELORIDA  03/26/0801005023 **300.00					
2. Principal Place of Business - No P.O. Box # 13820 5 W 58 TERR P.O. Box 940						771						
Suite, Apt. #, etc. 163			Suite, Apt. #, etc.				03252008 REIN-P CR2E098 (1/07)					
City & State MIAMI, FL.			City & State MIAMI, FC.				4. FEI Number 76	-08479	Applied For Not Applicable			
3318	<u> </u>	Country U.5.A.	<sup>Zig</sup> 33194	Cour <b>U</b> .	ŠA.			of Status Desired		\$8.75 Additional Fee Required		
<del></del>	6. Name	and Address of Current	<u> </u>	7. Name and Address of New Registered Agent								
BERENGUER, ARISTIDES						Street Address (P.O. Box Number is Not Acceptable)  13820 SW TERR. SUITE # 163						
6345 SE 1 MIAMI, FL							O. Box Numb	S 8 TE	in.	5 UTE	# 163	
						10`An		<del>_</del>	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 eigent and title if applicable. (NOTE: Registered Agent signature required when reinestating)  DATE												
Fil	LE NOW!!	! FEE IS \$300.00			In accordance corporation di	with s. 60 d not recei	7.193(2)(b), ve the prior r	F.S., the notice.				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS.	CHANGES TO OF	FICERS AN	D DIRECTORS	5 IN 11	
TITLE NAME	PD D  BERENGUER, ARISTIDES				TITLE PODRE			s only		Change Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6345 SE MIAMI, FI	138 CT		STRE			20 5 mul.	W 58	58 TERR. SUITE 1		163	
TITLE	Delete			TITLE		11-1			☐ Change	Addition		
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CITY-ST-ZIP				crr								
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CITY-ST-ZEP TITLE		REINST	ATEME	AL.	Y-\$T-ZIP	<u> </u>	<u>.</u> .			Change	Addition	
NAME				NAA	AE .							
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NAME STREET ADDRESS	ì	# 48 8		NAA Str	keet address	}						
CITY-ST-ZIP			<u></u>	_	Y-ST-ZIP							
TITLE NAME			☐ Delete	TITE NAA	i					Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADIORESS Y-ST-ZIP						ľ	
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 of 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 otherwise empowered.												
SIGNATURE:												
		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	CTOR			Date		Daytime Phone #		