



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -9 AM 10:11

DOCUMENT # L03000000651					
1. Entity Name ACCELERATE MEDIA, LLC					
Principal Place of Business 5845 BENT PINE DRIVE ORLANDO, FL 32822			Mailing Address 5845 BENT PINE DRIVE ORLANDO, FL 32822		
2. Principal Place of Business <i>1406 Royal Saint George Dr</i>		3. Mailing Address <i>1406 Royal St. George Dr</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072005 REIN-LLC CR2E101 (6/04)	
City & State <i>Orlando FL</i>		City & State <i>Orlando FL</i>		4. FEI Number <i>05-0547018</i>	
Zip <i>32828</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHMAN, MICHAEL A 5845 BENT PINE DRIVE, #214 ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name <i>Gloria J. Robinson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1320 S. Orlando Ave</i> City <i>Winter Park</i> FL <i>32789</i>	
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 <i>Gloria J. Robinson</i> DATE <i>3/7/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President <i>Michael Fishman</i> <i>1406 Royal Saint George Drive</i> <i>Orlando FL 32828</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CTO <i>Richard Corsale</i> <i>6467 Bombardier Dr</i> <i>Orlando, FL 32303</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 100048399721 03/15/05--01007--021 ***100.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>X [Signature]</i>				Date <i>3/7/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	