2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000015208 FILED DOMINATION STATION INCORPORATED 06 OCT 18 PM 12: 58 ULUMETANT OF STATE TALLAHASSFE, FLORIDA Principal Place of Business Mailing Address 8421 ALISTER BLVD. 8421 ALISTER BLVD. PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. . CR2E098 (11/05) 10172006 - REIN-P Applied For 4. FEI Number City & State City & State 20-2247560 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOGAN, JAMES PATRICK JR. 8637 PISA DRIVE, #10-210 ORLANDO, FL 32810 City falm Beach Gordons 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. Patrick J. Hogan Ir SIGNATURE. Signature, typed or grinted ru FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEF Delete TITLE Patrick James Hogen dr 8421 Alister Blod NAME HOGAN, PATRICK JAMES JR. NAME STREET ADDRESS 8637 PISA DRIVE, #10-210 STREET ADDRESS Palm Beach Genters, Pl 33418 ORLANDO, FL 32810 City-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE William C. Moore 9421 Alisto Blud. MOORE, WILLIAM C NAME NAME 8637 PISA DRIVE, #10-210 STREET ADDRESS STREET ADDRESS Adm Beich Gardins FL 33418 CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME 700080966807 10/18/05--01056--014 **115.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 10 05 06 01030 010 Chaste 35 To Affilian TITLE Delete TITLE MAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Oclete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I nereby 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: _ SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #