


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 1. Corporation Name Integrated Broadcast Services, Inc. <div style="text-align: right; margin-top: 10px;">391981</div> | | | |
| 2. Principal Office Address 289 Key Palm Road Suite, Apt. #, etc. 2 City & State Boca Raton, FL Zip 33432 Country USA | | 3. Mailing Office Address 289 Key Palm Road Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33432 Country USA | |
| | | REINSTATEMENT 02-04 700038394727 06/28/04--01077--005 **1058.75 4. Date Incorporated or Qualified To Do Business in Florida 11/29/1971 5. FEI Number 59-1373906 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name A.M. Hochstadt Street Address (P.O. Box Number is Not Acceptable) 289 Key Palm Rd Suite, Apt. #, Etc. City Boca Raton State FL Zip Code 33432 | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent AM Hochstadt Date 6/22/04 <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div> | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| P/D | A.M. Hochstadt | 289 Key Palm Rd | Boca Raton, FL 33432 |
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| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | |
| SIGNATURE: AM Hochstadt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 6/24/04 <small>Date</small> | 561-392-5679 <small>Daytime Phone #</small> |

CR2E081 (07/04)