
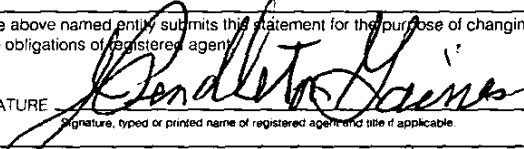


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 744332 1. Entity Name FLORIDA STAGES NETWORK, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG -2 PM 1:37 REINSTATEMENT 05-06 	
Principal Place of Business % J. PENDELTON GAINES 1405 DOLIVE DRIVE ORLANDO, FL 32803				Mailing Address % J. PENDELTON GAINES 1405 DOLIVE DRIVE ORLANDO, FL 32803			
2. Principal Place of Business		3. Mailing Address		05312006 REIN-NP CR2E099 (11/05) 4. FEI Number 59-1859377 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent GAINES, J. PENDLETON 1405 DOLIVE DRIVE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE July 15, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAINES, PATRICIA A. 500 RUBY ORLANDO, FL 32804 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000078487570 08/08/06--01068--007 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPE, PAMELA 4237 WINDERLAKE DR. ORLANDO, FL 32835 <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	D GAINES, DAVIS 6868 LAKERIDGE RD. LOS ANGELES, CA 90068 <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	PD GAINES, J. PENDLETON 1405 DOLIVE DR ORLANDO, FL 32807 <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		
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		
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 or trustee empowered to execute this report as required by Chapter 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date July 10, 2006 <small>Daytime Phone #</small>			