PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith : 🎺

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

834122 1. Corporation Name

FANFARE MEDIA WORKS, INC.

Principal Place of Business

Mailing Address

25300 RYE CYN RD VALENCIA CA 91355 25300 RYE CYN RD VALENCIA CA 91355 FIFD

02 DEC -7 PM 1: 5?

SECRETARY OF STATE TALLAHASSEE, FLOTEDA



REMOTATEMENT OZ If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 04/07/1975 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 95-2627956 City & State Not Applicable City'& State \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED: 🗔 Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director and/or Directors VALENCIA CA 24325 MORNINGTON DR **EVP** KIRBY, VANCE N. VALENCIA CA 24325 MORNINGTON DR SD KIRBY, VANCE N VALENCIA CA 91355 24816 LOS ALTOS DRIVE O'DEA, JAMES G OD 400008762644 11/01/02--01094--003 **750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. SUITE 105____ TALLAHASSEE FL 32301 State Zip Code City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Brian Courtney RE

REGISTERED AGENT MUST SIGN

11. I certify that I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FANFARE MEDIA WORKS,INC

OFFICE .	NAME AND ADDRESS	ANNUAL BOARD MEETING
PRESIDENT	THOMAS F. RICE 24550 TOWN CENTER DR#8201 VALENCIA,CA.91355	DECEMBER 4 2002
CHIEF OPERATING OFFICER	VANCE N. KIRBY 24325 MORNINGTON DRIVE VALENCIA, CA 91355	DECEMBER 4 2002
CHIEF OF FINANCE	STEVE GINGRICH 30362 JUNE ROSE COURT CASTAIC,CA.91384	DECEMBER 4 2002
SECRETARY	VANCE N. KIRBY 24325 MORNINGTON DRIVE VALENCIA, CA 91355	
TREASURER	STEVE GINGRICH 30362 JUNE ROSE COURT CASTAIC,CA.91384	DECEMBER 4 2002
DIRECTOR	PEGGY J. KOENIG 18 NEWBURY ST BOSTON,MA.02116	DECEMBER 4 2002
DIRECTOR	C.J. BRUCATO,III 18 NEWBURY ST BOSTON,MA.02116	DECEMBER 4 2002
DIRECTOR	JAY M. GROSSMAN 18 NEWBURY ST BOSTON,MA.02116	DECEMBER 4 2002