PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F00000000048

1. Corporation Name

SPACE.COM, INC.

Principal Place of Business

Signature of Registered Agent

SIGNATURE:

Mailing Address

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 OCT 24 PM 4: 28

120 WEST 45TH STREET, 35TH STREET NEW YORK NY 10036			120 WEST 45TH STREET. 35TH STREET NEW YORK NY 10036						
		incorrect in any way, line the		nformation and enter correction below. ling Office Address, If Applicable		REINSTATEIVENT O			
Suite, Apt. #, etc. Suite, Apt. #				e otc		To Do Busi	ness in Florida	01/04/2000	
						5. FEI Numbe		Applied di	
City & State C			City & State	City & State		<u> </u>	13-4063376	Not Applicable	
Zip	ip Country		Zip	Country		6. CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
CD	DOBBS, LOU			120 WEST 45TH STREET, 35TH STREE			NEW YORK NY 10036		
PD PO	FERRARA JOHN C.				ST 45TH STREET, 35TH	STREE	NEW YORK NY 10036		
/C00 -	CANNOLD, MITCHELL			120 WEST 45TH STREET, 35TH STREE			NEW YORK NY 10036		
\$	ZELLER, ROBERT			120 WEST 45TH STREET, 35TH STREE			NEW YORK NY 10036		
D	ROTHROCK, RAY			120 WEST 45TH STREET, 35TH STREE			NEW YORK NY 10036		
D	HELMAN,	WILLIAM		120 WEST 45TH STREET, 35TH STREE			NEW YORK NY 10036		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY					Name	(D.O. Day Number	in Blad A contable)		
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				Suite, Apt. #, Etc.		-10/23/0101087004			
					City		****750.15		
10 I, being	appointed the	e registered agent of the abo	ve named corpe	yation, am fa	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S.		

11. I certify that I and 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 filling 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 accurage, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR