2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000002433

Entity Name: CLEARSKY MOBILE MEDIA, INC.

FILED May 12, 2009 Secretary of State

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Current Pri	incipal Place	of Business:	New Princ	New Principal Place of Business:		
56 E. PINE STREET SUITE 200 ORLANDO, FL 32801			SUITE 129	390 NORTH ORANGE AVENUE SUITE 1295 ORLANDO, FL 32801		
Current Ma	ailing Address	s:	New Mailii	New Mailing Address:		
56 E. PINE STREET SUITE 200 ORLANDO, FL 32801			SUITE 129	390 NORTH ORANGE AVENUE SUITE 1295 ORLANDO, FL 32801		
FEI Number:	20-0309859	FEI Number Applied For () FE	I Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of No	ew Registered Agent:	
301 E. PINE SUITE 1400 ORLANDO,) FL 32801 U	S ubmits this statement for the purpo	se of changing it	s registered of	fice or registered agent, or both,	
in the State	of Florida.		3 3	J		
SIGNATUR	E: MICHAEL Flectroni	NEUKAMM c Signature of Registered Agent			Date	
Election Cam		(2)(b), F.S., the corporation did not reco Trust Fund Contribution (). *ORS:			TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	FRESONKE, DE	TREET, SUITE 200	Title: Name: Address: City-St-Zip:	POELLMITZ, WI	ANGE AVENUE, STE 1295	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FRESONKE, DE	ANGE AVENUE, STE 1295	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RICHARD, LUCU	ANGE AVENUE, STE 1295	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	OSMO, HAUTAN	ANGE AVENUE, STE 1295	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RICHARD, RUDO	ANGE AVENUE, STE 1295	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM POELLMITZ DTS 05/12/2009