

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000001036

FILED
Feb 04, 2005
Secretary of State

Entity Name: FREEDOM INTERACTIVE NEWSPAPERS OF FLORIDA, INC.

Current Principal Place of Business:

36008 EMERALD COAST PKWY
STE 501
DESTIN, FL 32541

New Principal Place of Business:

215 GRAND BLVD.
SUITE 102
SANDESTIN, FL 32550

Current Mailing Address:

36008 EMERALD COAST PKWY
STE 501
DESTIN, FL 32541

New Mailing Address:

215 GRAND BLVD.
SUITE 102
SANDESTIN, FL 32550

FEI Number: 59-3694133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: NRAI SERVICES, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTER, THOMAS E
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

Title: DV () Delete
Name: KUYKENDALL, DAVID L
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

Title: S () Delete
Name: WALLACE, RICHARD A
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

Title: D () Delete
Name: SEGAL, JONATHAN
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

Title: AS () Delete
Name: BARTZOFF, KATHERINE
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

Title: T () Delete
Name: KUYKENDALL, DAVID L
Address: 17666 FITCH
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHERINE BARTZOFF

AS

02/04/2005

Electronic Signature of Signing Officer or Director

Date