

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0100004478



FILED

04 NOV 23 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TIME4 MEDIA, INC.

Principal Place of Business
1500 CORDOVA RAD
FT. LAUDERDALE, FL 33316

Mailing Address
1271 AVENUE OF THE AMERICAS
5TH FLOOR TAX DEPT
NEW YORK, NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042004 REIN-P CR2E098 (6/04)



4. FEI Number
13-2620517

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

Jill E. Kranz

Assistant Secretary

11/22/04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005; Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME FORD, MARK
STREET ADDRESS 2 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10016

TITLE VP Change Addition
NAME Linda Pellegrino
STREET ADDRESS 1271 Ave. of the Americas
CITY-ST-ZIP New York, NY, 10020

TITLE VCD Delete
NAME ATKINSON, RICHARD
STREET ADDRESS 1271 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Change Addition
NAME 700043301667
STREET ADDRESS 12/09/04--01034--004 **\$150.00
CITY-ST-ZIP

TITLE AS Delete
NAME KLEIN, LAUREN E
STREET ADDRESS 75 ROCKEFELLER CTR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAT Delete
NAME KAMBOUR, ANNALIESE S
STREET ADDRESS 1271 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME KLINGENSMITH, MICHAEL J
STREET ADDRESS 1271 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME MOORE, ANN S
STREET ADDRESS 1271 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with other like empowered.

SIGNATURE:

Linda Pellegrino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/04

DATE

Daytime Phone #