
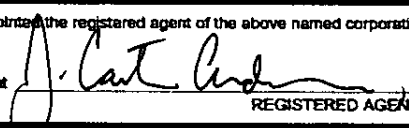
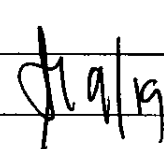
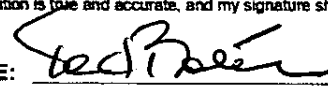


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 08 SEP 18 PM 1:28 TALLAHASSEE, FLORIDA 300136245329 09/23/08--01008--011 **3555.00	
<b>DOCUMENT # F01000006349</b> 1. Corporation Name <b>TAMA BROADCASTING, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>407 N. HOWARD AVENUE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>TAMPA, FLORIDA</b> Zip      Country <b>33606      USA</b>		3. Mailing Office Address <b>407 N. HOWARD AVENUE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>TAMPA, FLORIDA</b> Zip      Country <b>33606      USA</b>	
		CR2E081 (12/07)	
		4. Date Incorporated or Qualified To Do Business in Florida <b>DECEMBER 12, 2001</b>	
		5. FEI Number <b>71-0932045</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <b>BUSH ROSS REGISTERED AGENT SERVICES, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 N. HIGHLAND AVENUE</b> Suite, Apt. #, Etc. City      State      Zip Code <b>TAMPA, FLORIDA      FL      33602</b>			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  V.P.      Date <b>9.17.08</b> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DR. TED BOLTON, PHD	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
D	ED A. WILLIAMS	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
D	JEFFREY C. SCOTT	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606
			
10. I certify that I am 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 contained in Chapter 119, 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: 		TED BOLTON, CEO      9/16/08      813-259-9867	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #