Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Please retain original filing date of submission 8/9

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5360

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
ECG VENTURES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	or 3
Estimated Charge	$900.00

(Re-Send) This should have been filed on 8/9/11

Electronic Filing Menu Corporate Filing Menu Help

8215359 SD

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 AUG -9 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-11

CR2E081 (11/10)

DOCUMENT # F04000002910

1. Corporation Name
ECG Ventures, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1835 NE Miami Gardens Drive	1835 NE Miami Gardens Drive
Suite, Apt. #, etc. Suite 454	Suite, Apt. #, etc. Suite 454
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33179 / Country US	Zip 33179 / Country

4. Date Incorporated or Qualified To Do Business in Florida 05/25/2004

5. FEI Number 58-2418095 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

$ 8/16

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: [signature] Madonna Cuddihy, Special Assistant Secretary 8-8-2011
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kevin Wagner	1835 NE Miami Gardens Drive, Suite 454	North Miami Beach, FL 33179
VP	Tanya Wagner	1835 NE Miami Gardens Drive, Suite 454	North Miami Beach, FL 33179

10. E-mail Address: kevinwagner@urbanradio.fm
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Kevin Wagner, President 8-5-2011 (305) 935-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robinson, Melanie

From:	send@mail.efax.com
Sent:	Tuesday, August 09, 2011 9:06 AM
To:	Robinson, Melanie
Subject:	Successful transmission to 18508785368. Re: CT Order#8215359so- ECG Ventures Inc- FL

Dear Melanie. Robinson,

Re: CT Order#8215359so- ECG Ventures Inc- FL

The 3 page fax you sent through eFax Solutions to 18508785368 was successfully transmitted at 2011-08-09 14:05:45 (GMT).

The length of transmission was 135 seconds.

The receiving machine's fax ID: .

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Best Regards,
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