2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000006880

1. Entity Name
FAIRSTREAM, INC.

FILED
06 FEB -3 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06
(REIN-NR.) CR2E099 (11/05)

Principal Place of Business	Mailing Address
420 NW FIFTH STREET SUITE 4B EVANSVILLE, IN 47708	420 NW FIFTH STREET SUITE 4B EVANSVILLE, IN 47708

2. Principal Place of Business	3. Mailing Address
101 NW 1st Street	101 N W 1st St.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Evansville IN	City & State Evansville, IN
Zip 47708 Country Vanderburgh	Zip 47708 Country Vanderburgh

4. FEI Number
30-0046769
☐ 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
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960	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: Alicia DeBarreno-Asst. Secretary for Business Filings Incorporated 1-24-2006
Name of person, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 — **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP SMITH, ANDREW 524 WYNDCLYFF EVANSVILLE, IN 47711	☐ Delete	Secretary Joan Schmitt 4100 Fairfax Ct Evansville, IN 47710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, ALINE 710 W. MT. PLEASANT RD. EVANSVILLE, IN 47711	☒ Delete	Treasurer Scott Hartig 2211 Lincoln Ave Evansville, IN 47714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000067021200 03/03/06--01025--010 **306.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-9-06 800-991-3247
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

044 213