

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000006880		
1. Entity Name FAIRSTREAM, INC.		

Principal Place of Business 420 NW FIFTH STREET SUITE 4B EVANSVILLE, IN 47708	Mailing Address 420 NW FIFTH STREET SUITE 4B EVANSVILLE, IN 47708
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2. Principal Place of Business 101 NW 1st Street Suite, Apt. #, etc. Suite 201	3. Mailing Address 101 NW 1st St. Suite, Apt. #, etc. Suite 201
City & State Evansville IN	City & State Evansville IN
Zip 47708 Country Vanderburgh	Zip 47708 Country Vanderburgh

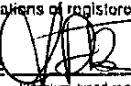


4. FEI Number 30-0046769	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS-SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

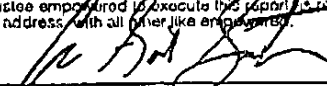
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Alicia DeBarreno - Asst. Secretary for Business Filings Incorporated** 1-24-2006
(NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Scott Hartig 2211 Lincoln Ave Evansville, IN 47714 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 employees.

SIGNATURE:  **1-9-06** 800-991-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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