2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004492

Entity Name: ACTIVISION TV, INC.

FILED Apr 15, 2009 Secretary of State

5400 YAHL ST SUITE D NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

5400 YAHL ST SUITE D PO BOX 98314 LAS VEGAS, NY 89193 NAPLES, FL 34109

FEI Number: 20-5578369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENNING, NORMA 5633 STRAND BLVD SUITE 304 NAPLES, FL 34110

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.

SIGNATURE: NORMA HENNING

City-St-Zip:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPV () Delete Title: (X) Change () Addition GOTHARD, DAVID GOTHARD, DAVID L PRES Name: Name: PMB 220 PO BOX 413005 PMB 220 PO BOX 413005 Address: Address: City-St-Zip: NAPLES, FL 341013005 City-St-Zip: NAPLES, FL 34101

Title: Title: (X) Change () Addition () Delete HETKOWSKI, DENICE SEC Name: HETKOWSKI, DENICE Name: PO BOX 98314 Address: PO BOX 98314 Address: LAS VEGAS, NV 89193 LAS VEGAS, NV 89193 City-St-Zip:

() Delete Title: Title: () Change (X) Addition

Name: WACHS, RICHARD DIR Name: PMB 220 PO BOX 413005 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. GOTHARD **PRES** 04/15/2009