

2006 FOR PROFIT CORPORATION REINSTATEMENT

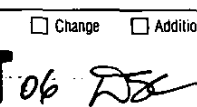
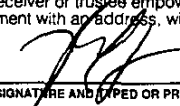
APPROVED
AND
FILED

06 NOV -8 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

DOCUMENT # F95000000235					
1. Entity Name MARITIME TELECOMMUNICATIONS NETWORK, INC.					
Principal Place of Business 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 US			Mailing Address 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 84-1289974			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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:  Brian Courtney Asst. V. Pres. (NOTE: Registered Agent signature required when reinstating) DATE: 11/8/06					
FILE NOW!!! FEE \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GLOVIER, CURTIS 1325 AVE OF THE AMERICAS, 25TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM D. MARKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR 1200 WESTLAKE AVE NORTH SUITE 600 SEATTLE WA 98109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHMAN, ASAD 1325 AVE OF THE AMERICAS, 25TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN F. DONOHUE III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR 1200 WESTLAKE AVE NORTH SUITE 600 SEATTLE WA 98109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAGAN, DAVID 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081183697 10/25/06--01026--007 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HADSALL, RICHARD 3044 N. COMMERCE PARKWAY HOLLYWOOD, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAYS, RONALD 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIGGS, BRAD 3044 N COMMERCE PKWY HOLLYWOOD, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:  RONALD HAYS, CFO 10-9-06 954-538-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					