


APPROVED
AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		00 JUN -7 PM 2:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F950000005963 1. Corporation Name IBERCOM, INC.					
Principal Place of Business Mailing Address c/o Hero Productions, Inc. 7291 Northwest 74th Street Medley, FL 33166 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 500 South Buena Vista Street Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/07/95	
City & State		City & State Burbank, CA		5. FEI Number 93-1196574	
Zip		Zip 91521-0586		Country USA	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>22.75 Additional Fee required for a Certificate of Status</small>					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
PD	Richard L. Phillips	UPC - 12, STANHOPE GATE - LONDON WAY SLB UK	LONDON WAY SLB UK		
VSD	Simon Amselem	AVDA. PIO XII, 44	28016 MADRID SPAIN		
VTD	Jaime Zambra	AV. FRANCISCO DE MIRANDA, EDIF. EASO, PB, LOCAL 7	CARACAS VENEZUELA		
			200003298632-3 -DE/21/00--01034--016 ***1226.25 ***1226.25		
REINSTATEMENT 9700					
8. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date <u>6/7, 2000</u>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>Simon Amselem</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR			Date <u>May 31, 2000</u> Daytime Phone # <u>(34) 917 688210</u>		

CR2E040 (12/95)