APPLICATION FLORID FOR REINSTATEMENT			TRUCTIONS' BEFORE C OA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		COMPLETING THIS FORM. APPI(CVED) AND FILLED		
DOCUMENT # J37507					97 JUL 21 AM 9: 10		
JEWISH MEDIA GROUP, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address 560 N. W1165 St Rd Miami, FL 33169 If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Prin	ncipal Office Address, If Applicable W 165th St. Rd.	ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite 311 City & State City & State					5. FEI Number		Applied For
Miami, FL Zip Country Zip			Country		- 6	.729341 E OF STATUS DESIRED □ S8.	Not Applicable 75 Additional Fee required for a Certificate of Status
	and Street Addresses of Each Officer and	for Director, (Ele	rida nonnrolit cornor	ations must list at los	act 2 directors)		or a certificate of Status
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		h r	City / St	late / Zip	
P/S	P/S Paul Fraynd 56			60 N.W. 165 St Road #311 Miami, FL 33169			33169
v	V Linda Stein			65 St Rd	#311 Miami, FL 33169		
				RE	NSTA	TEMENT_C	75-9:7 2 avan 7/21/97
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered	Agent
Paul Fraynd 560 N.W. 165 St Road Suite 311 Miami, FL 33169				Name			
Signature of Registered A	Agent RE	GISTERED AGI	ENT MUST SIGN		oligations of Section	Date 6/26/	47
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes							e for information gible tax.)
this reins owed by	hat I am an officer or director or the receit tatement application, the reason for disso the corporation have been paid and the r oplication is true and accurate, any my sig	lution has been j anies of individe	minated, the corporals listed on this for	prate name satisfies t	the requirements o	of pootion 607 0404 at 647 04	IOI E C thought to an

Daytime Phone #

SIGNATURE: SIGNATURE AND THE OUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR