PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM
APPLICATION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # 153981	;	98 SEP 21 PM 3: 52 .
RTV COMMUNICATIONS GR	OUP, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business FT. LAUDERDALE, FLA. 5300 N.W. 33rd Ave. Suite 113	Mailing Address P.O. Box 29007 Ft. Lauderdale, Fla. 33309	
,	3 3 3 0 9 rugh incorrect information and enter correction below.	ENSTATEMENT 03-98
New Principal Office Address, If Applicable Suite, Apt. #, etc.	New Mailing Office Address, If Applicable Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida 1988
City & State	City & State	5. FEI Number 65-0124703 Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED A \$8.75 Additional Fee required for a Certificate of Status
 	or Director (Florida nonprofit corporations must list at lea	st 3 directors)
Title(s) Name of Officers and/or Directors	Streel Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	umbers) City / State / Zip
PD Robert Schachner	5300 NW.33rd Avenu	ne, Ste. Ft. Lauderdale, FL. 33309
TD Victor Scudiery	Airport Plaza, Hwy	7. 36, Hazlet, N.J. 07730
		400002649354 <u>014</u> 1 -09/24/98- 0 0081-014 *******8.75 ******8.75
		400002548354 <u>015</u> 1 -03/24/98-01031-0151 ***1500.00 ***15 00/ 80
		***1500.00 ***1500.00
8. Name and Address of Current R		9. Name and Address of New Registered Agent
JOHN F. PHILLIPS, ESQ. 1501 N.E. 4th Avenue		O. Box Number is Not Acceptable) NE 4th Avenue
Ft. Lauderdale, Fla. 3	3304 Suite, Ant. # Etc.	NE 4th Avenue
(954) 765-1350 ext. 3		State Zip Godes o 4
10. I, being appointed the registrated agent of the phove pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent PHILLIPS Date 9/21/98 REGISTERED AGENT MUST SIGN JOHN F. PHILLIPS		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.)		
12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.		
SIGNATURE: SIGNATURE AND VIPEO OF PRINT ROBERT	ED NAME OF SIGNING OFFICER OR DIRECTOR SCHACHNER, PRESIDENT	9/21/98 95 4 486 0550