

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000310

FILED
Mar 16, 2009
Secretary of State

Entity Name: M3X MEDIA FOUNDATION, INC.

Current Principal Place of Business:

350 SOUTH COUNTY RD.
SUITE 102
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

350 SOUTH COUNTY RD.
SUITE 102
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 84-1666431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEVERICKS, JAMES K
350 SOUTH COUNTY RD.
SUITE 102
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: MARC B. PRESS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DEVERICKS, JAMES K
Address: 350 SOUTH COUNTY RD. SUITE 102
City-St-Zip: PALM BEACH, FL 33480 US

Title: DM () Delete
Name: DEVERICKS, NORMA I
Address: 350 SOUTH COUNTY RD. SUITE 102
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: SHAPIRO, JULIAN
Address: 350 SOUTH COUNTY RD. SUITE 102
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DM (X) Change () Addition
Name: JOHNSON, MYA L
Address: 350 SOUTH COUNTY RD. SUITE 102
City-St-Zip: PALM BEACH, FL 33480 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. DEVERICKS

DC

03/16/2009

Electronic Signature of Signing Officer or Director

Date