2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000001766

Entity Name: VIDEO ACCESS ALLIANCE, INC.

Current Principal Place of Business:

1650 SUMMIT LAKE DRIVE SUITE 101-A
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1650 SUMMIT LAKE DRIVE SUITE 101-A
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

MEADERS, STACEY
1650 SUMMIT LAKE DRIVE SUITE 101-A
TALLAHASSEE, FL 32317 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: STACEY MEADERS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, JULIA
Address: 1650 SUMMIT LAKE DRIVE SUITE 101-A
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: PARKER, AVA
Address: 1650 SUMMIT LAKE DRIVE SUITE 101-A
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: GORHAM, SHONA
Address: 1650 SUMMIT LAKE DRIVE SUITE 101-A
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JULIA L. JOHNSON D 04/30/2008

Electronic Signature of Signing Officer or Director — Date