

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N06000010608**

1. Entity Name  
FLORIDA ALLIANCE OF MEDIA & ENTERTAINMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL -2 PM 3:11

Principal Place of Business  
5385 CONROY ROAD  
SUITE 200  
ORLANDO, FL 32811

Mailing Address  
5385 CONROY ROAD  
SUITE 200  
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #  
1809 E. WINTER PARK RD  
Suite, Apt. #, etc.

3. Mailing Address  
1809 E. WINTER PARK RD  
Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO FL

Zip  
32803

Country  
ORANGE

Zip  
32803

Country  
ORANGE



**REINSTATEMENT**

02262008 REIN-NP CRZE099 (1107)

6. Name and Address of Current Registered Agent

NEALY, JACK R  
18913 STARCREST LANE  
CLERMONT, FL 34715

7. Name and Address of New Registered Agent

Name  
BRAD FULLER

Street Address (P.O. Box Number is Not Acceptable)  
3417 LAKE BREEZE

City  
ORLANDO

FL

Zip Code  
32808

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Bradford N. Fuller  
Jack R. Nealy

(NOTE: Registered Agent signature required when reinstating)

DATE  
7/1/08  
4/1/08

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEALY, JACK R 18913 STARCREST LANE CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAD FULLER 3417 LAKE BREEZE ORLANDO FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, trustee, or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the same empowered.

SIGNATURE: Bradford N. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
2/28/08

Daytime Phone #  
407 297 0091