2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009836

Entity Name: FREEDOM CULTURE, INC.

FILED Dec 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5345 NW 173RD DR MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

5345 NW 173RD DR P.O. BOX 170806 MIAMI, FL 33055 P.O. BOX 170806 HIALEAH, FL 33017

FEI Number: 20-5918818 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

SALAS, BENJAMIN 5345 NW 173RD DR MIAMI, FL 33055 US

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: BEJAMIN SALAS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 SALAS, BENJAMIN
 Name:

 Address:
 5345 NW 173RD DR
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 VALDES, JOEL
 Name:
 SALAS, SHARON R

 Address:
 19393 NW 87TH COURT CIRCLE
 Address:
 5345 NW 173RD DR.

 City-St-Zip:
 HIALEAH, FL 33018
 City-St-Zip:
 MIAMI, FL 33055

Title: D () Delete Title: D (X) Change () Addition

 Name:
 NARANJO, JACKIE
 Name:
 WICKERT, MIGUEL

 Address:
 16421 NW 48TH AVE
 Address:
 8621 SW 5TH ST UNIT 108

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 PEMBROKE PINES, FL 33025

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 VIDAURRE, SHARON
 Name:

 Address:
 8621 SW 5TH ST UNIT 108
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 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: BENJAMIN SALAS D 12/10/2007