

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000035737

1. Corporation Name

ALL ACCESS MEDIA CORP.

FILED

02 AUG 26 PM 12:00
REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01-02

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

4/7/2000

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 444 Brickell Avenue

26 444 Brickell Avenue

X Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

22 Suite 51-411

27 Suite 51-411

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

City & State

City & State

23 Miami FL

28 Miami FL

Zip

County

Zip

County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 33131

25 Dade

29 33131

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Christopher Nelson
2705 SW 22nd Avenue
Miami, FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Christopher Nelson

8-23-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director / President ☐ DELETE
NAME Bryan Schaffner
STREET ADDRESS 444 Brickell Avenue Suite 51-411
CITY-ST-ZIP Miami FL 33131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 600007603186--7
1.4 CITY-ST-ZIP -09/09/02--01067--013

TITLE Director / Secretary ☐ DELETE
NAME Christopher Nelson
STREET ADDRESS 444 Brickell Avenue Suite 51-411
CITY-ST-ZIP Miami FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address.

SIGNATURE

Christopher Nelson, Director / Secretary

8-23-02

305-439-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #