PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001 Uniform Business Report

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 26 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000082306

1. Corporation Name

GAMM NETWORK, INC

2. Principal Office Address	**3.** Mailing Office Address
55 ALHAMBRA PLAZA	55 ALHAMBRA PLAZA
Suite, Apt. #, etc.: SUITE 700	Suite, Apt. #, etc.: SUITE 700
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-30-2000

5. FEI Number: X Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL B FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 55 ALHAMBRA PLAZA
Suite, Apt. #, Etc.: SUITE 700
City: CORAL GABLES State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 9/25/2001
REGISTERED AGENT MUST SIGN

CR2E091 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.T D	MICHAEL B FERNANDEZ	55 ALHAMBRA PLAZA STE 700	CORAL GABLES, FL 33134
			T. LEWIS OCT 2 2001

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 9/25/2001 (305) 441-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #