

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001 UBL

FILED

01 DEC 24 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101298

1. Corporation Name

New Media WebCasting Inc

2. Principal Office Address

3801 S. Ocean Drive

3. Mailing Office Address

3801 S. Ocean Drive

Suite, Apt. #, etc.

Suite 15N

Suite, Apt. #, etc.

Suite 15N

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

651 05 0452

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

Iris Lopez

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

3801 S. Ocean Drive

Suite, Apt. #, Etc.

Suite 15N

City

Hollywood, FL

State

FL

Zip Code

33019

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/19/01

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/D	Eduardo Lopez	3801 S. Ocean Drive ste 15N	Hollywood, FL 33019
V	Luis Rodriguez	3801 S. Ocean Drive ste 15N	Hollywood, FL 33019
S/T	Iris Lopez	3801 S. Ocean Drive ste 15N	Hollywood, FL 33019

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)(f), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

954-456-8023

Daytime Phone #

CR2ED01 (8/00)

**Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Ref: Reinstatement for New Media WebCasting**

*202*

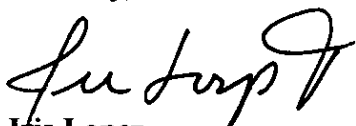
To Whom It May Concern:

Due to the relocation of our company we have been unable to receive mail regarding our corporation, reports and other relevant documents.

Please accept the Reinstatement Application attached to this letter and the payment of \$150.00.

Thanks in advance for your help.

Sincerely,



**Iris Lopez  
Registered Agent  
New Media WebCasting, Inc  
P00000101298  
3801 S Ocean Drive Suite 15N  
Hollywood, FL 33019  
954-456-8023 (voice)  
954-252-3743 (fax)**