

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR 20 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

300030503553
03/16/04--01018--021 **1200.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000113371			
1. Corporation Name LPTV, Inc.			
2. Principal Office Address 1075 Duval Square, Suite, Apt. #, etc. Suite 213 City & State Key West FL Zip 33040 Country US		3. Mailing Office Address 1075 Duval Square Suite, Apt. #, etc. Suite 213 City & State Key West, FL Zip 33040 Country US	

4. Date Incorporated or Qualified To Do Business in Florida 12/12/2000	
5. FEI Number 65-1060957	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Albert L. Kelley	
Street Address (P.O. Box Number is Not Acceptable) 926 Truman Ave.	
Suite, Apt. #, Etc.	
City Key West	State FL
Zip Code 33040	

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]

Date 4.15.04

REGISTERED AGENT MUST SIGN

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
PSTD	Lynn Parker	1075 Duval Square #213	Key West, FL 33040
D	Robert McMahan	1212 Varela St.	Key West, FL 33040
D	William Estes	1075 Duval Square #213	Key West, FL 33040

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:

[Signature]

Lynn Parker, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

305-294-2657

Daytime Phone #

CR2E081 (01/04)