

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 15 PM 3:12

DOCUMENT # P01000014764

1. Corporation Name

Channelside media, Inc

2. Principal Office Address

1719 WATROUS AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33606

Country

U.S.

3. Mailing Office Address

3225 SO. MACDILL AVE

Suite, Apt. #, etc.

311

City & State

TAMPA, FL

Zip

33629

Country

U.S.

REINSTATEMENT 02-05

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2001

5. FEI Number

651073086

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

[Signature]

R.W. GROOVER

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

3225 SOUTH MACDILL AVE. #311

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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 7/13/05

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
<u>Pres/CEO</u>	<u>R.W. GROOVER</u>	<u>3225 SO MACDILL #311</u> <u>TAMPA, FL 33629</u>	<u>TAMPA, FL 33629</u>

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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/05  
Date

913.254.3636  
Daytime Phone #

CR2E081 (10/02)