

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 NOV 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054765

1. Corporation Name

STREAMING MULTIMEDIA, INC

2. Principal Office Address

1700 SUNSET DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

455 DOUGLAS AVE.

Suite, Apt. #, etc.

SUITE 2155-31

City & State

LONGWOOD, FLORIDA

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

32750

Country

U.S.A.

Zip

32714

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

LAWRENCE G. WALTERS, ESQUIRE

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

455 DOUGLAS AVE.

Suite, Apt. #, Etc.

SUITE 2155-31

City

ALTAMONTE SPRINGS

4000008980034

11/14/02-01012-018 **750.00

State

FL

Zip Code

32714

Date 11-12-02

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

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	Tom Lay	1700 SUNSET DRIVE,	LONGWOOD, FL 32750

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: *Thomas P. Lay* Thomas P. Lay 10-4-02. (407)323-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #