

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000065576

**FILED  
Oct 08, 2004  
Secretary of State**

**Entity Name:** EMPOWER HEALTH & FITNESS NETWORKS CORP.

**Current Principal Place of Business:**

10011 SW 145TH PLACE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

10011 SW 145TH PLACE  
MIAMI, FL 33186

**New Mailing Address:**

P.O. BOX 9794  
CORAL SPRINGS, FL 33075

FEI Number: 65-1119733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIXSON, DANIEL M  
10011 SW 145TH PLACE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

LUCIANI, PAMELA J  
P.O. BOX 9794  
MIAMI, FL 33075 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA J. LUCIANI

10/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LUCIANI, PAMELA  
Address: 6283 NW 110TH AVENUE  
City-St-Zip: PARKLAND, FL 33441

Title: D ( ) Delete  
Name: HIXSON, DANIEL M  
Address: 10011 SW 145TH PLACE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LUCIANI, PAMELA  
Address: 12063 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA J. LUCIANI

D

10/08/2004

Electronic Signature of Signing Officer or Director

Date