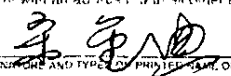


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102154			
1. Entity Name CHINA M161 NETWORK COMPANY			
Principal Place of Business TONG CHENG SAN ROAD JING JI JI SHU KAI FA QU XIAN, CN CHINA CN		Mailing Address 7951 SW 6TH STREET SUITE 216 PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0641558		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTONE, CHRIS 7951 SW 6TH STREET SUITE 216 C/O GREENTREE FINANCIAL GRP PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Allowed)		Street Address (P.O. Box Number is Not Allowed)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity submits the statement for the purpose of changing its registered office, or registered agent, or both in the State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. SONG, JIN DIAN TONG CHENG SAN ROAD XIAN, CN CHINA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138404803 12/03/08--01018--007 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZHAN, QINGAN TONG CHENG SAN ROAD XIAN, CN CHINA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement to report is true and accurate and that my 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 or power of attorney to execute this report is required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 or changed or in an attachment with an address, or all other like employment.			
SIGNATURE:  President		12-01-08 (304)944-4290	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

SONG JIN DIAN

12/300