
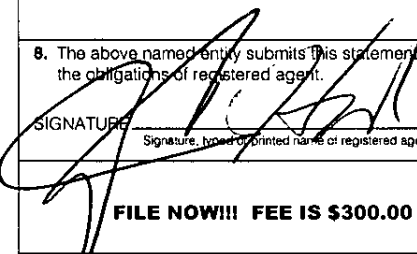
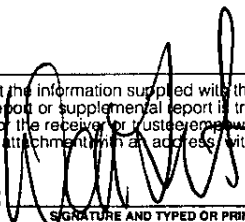


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000111452 1. Entity Name J. DOG MEDIA, INC.					
Principal Place of Business 2900 N. DIXIE HWY., STE. 203 FT. LAUDERDALE, FL 33334			Mailing Address 2900 N. DIXIE HWY., STE. 203 FT. LAUDERDALE, FL 33334		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1157051	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, CHRISTOPHER D ESQ VALDINI, PALMER & HALE, P.A. 5353 N. FEDERAL HWY., STE. 303 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name CHRISTOPHER D. HALE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 800 SE THIRD AVENUE SUITE 400 City FORT LAUDERDALE FL 33316	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/18/05	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCLEMONT, DARREN A 2900 N. DIXIE HWY., STE. 203 FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600055208326 05/24/05--01087--012 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACINTHO, SCOTT 44 MOHAWK DR. TEWKSBURY, MA 01876	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  DARREN FRANCLEMONT 4/19/05 954.500.0633 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

05 APR 21 PM 4:16

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05
04182005 CREIN:P1 CR2E098 (6/04)

WAP