

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000116301

Entity Name: INTERPHAZE MEDIA, INC.

**FILED**  
**May 12, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

27327 CORAL SPRINGS DR.  
WESLEY CHAPEL, FL 33544

## **New Principal Place of Business:**

1936 BRUCE B DOWNS BLVD.  
# 202  
WESLEY CHAPEL, FL 33544

## **Current Mailing Address:**

27327 CORAL SPRINGS DR.  
WESLEY CHAPEL, FL 33544

## **New Mailing Address:**

1936 BRUCE B DOWNS BLVD.  
# 202  
WESLEY CHAPEL, FL 33544

FEI Number: 01-0553810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, RAYMOND  
27327 CORAL SPRINGS DR.  
WESLEY CHAPEL, FL 33544 US

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

JONES, RAYMOND  
27327 CORAL SPRINGS DR.  
WESLEY CHAPEL, FL 33543 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: RAYMOND JONES

05/12/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, RAYMOND  
Address: 27327 CORAL SPRINGS DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP  
Name: REMSBURG, KIMBERLY  
Address: 27327 CORAL SPRINGS DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T  
Name: REMSBERG, KRISTIE  
Address: 27327 CORAL SPRINGS DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND JONES

P

05/12/2011

Electronic Signature of Signing Officer or Director

Date