

APR. 12. 2005 10:35AM

TRENAM, KEMKER

### 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 APR 12 AM 11:36

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000002764**

1. Entity Name  
SPLIT DIGITAL, INC.



Principal Place of Business      Mailing Address  
 3837 NORTH DALE BOULEVARD      3837 NORTH DALE BOULEVARD  
 SUITE 124      SUITE 124  
 TAMPA, FL 33624      TAMPA, FL 33624

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04112005 REIN-P CR2E068 (8/04)

4. FEI Number      Applied For  
 04-3592131      (Not Applicable)

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, D. MICHAEL  
 101 E. KENNEDY BLVD., STE. 2700  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

CITY      FL      Zip Code

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: *D. Michael O'Leary*      DATE: 4/12/05

Signature, typed by principal agent or registered agent and file if applicable.      DATE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$800.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**REINSTATEMENT** 04/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Terry L. Riney*      DATE: 4/11/05      813.220.2147  
 ((H05000089297 3)))

*MW*

Florida Department of State  
Division of Corporations  
Public Access System

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(((H05000089297 3)))

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To: Division of Corporations  
Fax Number : (850) 205-0384

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 229-6553

JTM 02-1041

**CORPORATION REINSTATEMENT**

**SPLIT DIGITAL, INC.**

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