

H04000104975 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 002000010884

1. Corporation Name

MEDIA ON DEMAND, INC.

2. Principal Office Address

1291 SW 29th AVENUE

3. Mailing Office Address

State, Apt. #, Etc.

State, Apt. #, Etc.

City & State

POMPANO BEACH, FLORIDA

City & State

Zip

33069

Country

UNITED STATES

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

1/30/02

5. FEI Number

01-0629129

Applicable For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RANDY S. SELMAN

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

1291 SW 29TH AVENUE

State, Apt. #, Etc.

City

POMPANO BEACH

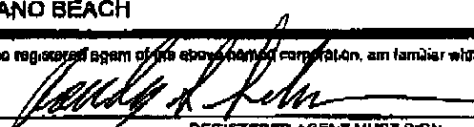
State

FL

Zip Code

33069

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RANDY SELMAN	1291 SW 29TH AVENUE	POMPANO BEACH, FL 33069

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04

Date

Daytime Phone #

Avoid Notice

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MEMORY TRANSMISSION REPORT

TIME : MAY-13-2004 03:31PM
 TEL NUMBER: +8547667800
 NAME : ADORNO & YOSS P.A.

FILE NUMBER : 546
 DATE : MAY-13 03:29PM
 TO : 0752#206507#0001#18502050384
 DOCUMENT PAGES : 002
 START TIME : MAY-13 03:28PM
 END TIME : MAY-13 03:31PM
 SENT PAGES : 002
 STATUS : OK

FILE NUMBER : 546

*** SUCCESSFUL TX NOTICE ***

Division of Corporations

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Florida Department of State
 Division of Corporations
 Public Access System

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

From: Account Name : ADORNO & YOSS, P.A.
 Account Number : 075247002423
 Phone : (854) 763-1200
 Fax Number : (854) 766-7800

CORPORATION REINSTATEMENT

MEDIA ON DEMAND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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