H04000104975 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 PM 2:05

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p02000010884

1. Corporation Name
MEDIA ON DEMAND, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1291 SW 29th AVENUE	
Suite, Apt. #, etc.	Suite, 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 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 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

Suite, 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: Randy S. Selman Date: _____

REGISTERED AGENT MUST SIGN

CR2E045 (01/00)

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

Title	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)(i), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Randy S. Selman 5/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MEMORY TRANSMISSION REPORT

TIME : MAY-13-2004 03:31PM
TEL NUMBER1: +9547667800
NAME : ADORNO & YOSS P.A.

FILE NUMBER	:	546
DATE	:	MAY-13 03:29PM
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Fax Number : (850)205-0384

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Account Name : ADORNO & YOSS, P.A.
Account Number : 072247002423
Phone : (954)763-1200
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CORPORATION REINSTATEMENT

MEDIA ON DEMAND, INC.

Certificate of Status	0
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