PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 11 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/04--01037--022 **900.00

DOCUMENT # P02-26451

1. Corporation Name
WORLD MULTICAST Media, Inc

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
245 Grove Street So.	P.O. Box 1303
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, Florida	City & State: Nokomis Florida
Zip: 34285 Country: Sarasota	Zip: 34275 Country: Sarasota

4. Date Incorporated or Qualified To Do Business In Florida: March 8, 2002

5. FEI Number: 32-0030684 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HAROLD BROWN

Street Address (P.O. Box Number is Not Acceptable): 104 MARGARET DRive

Suite, Apt. #, Etc.:

City: Nokomis State: FL Zip Code: 34275

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: Harold Brown Date: 3/10/4
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
Pres	Joseph D BROWN	245 GROVE STREET So	Venice FL 34285
Sec	BONNIE F STANLEY	245 GROVE STREET So	Venice FL 34285
DIR	BONNIE F STANLEY	245 GROVE STREET So	Venice FL 34285
DIR	Joseph D BROWN	245 GROVE STREET So	Venice FL 34285

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. 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: Joseph D Brown 3/10/4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #