

REINSTATEMENT


\$750⁰⁰

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 31 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # P02000077340 |  |
| 1. Entity Name Media Execution, Inc. | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 20533 Biscayne Blvd. | 3. Mailing Address 20533 Biscayne Blvd. |
| Suite, Apt. #, etc. Suite 112 | Suite, Apt. #, etc. Suite 112 |
| City & State Aventura, FL | City & State Aventura, FL |
| Zip 33180 | Country USA |

REINSTATEMENT *JB*

| | |
|--|--|
| 4. FEI Number 81-0562245 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | |
| Name JASON H. PORT | |
| Street Address (P.O. Box Number is Not Acceptable) 21221 NE 31st PLACE | |
| City AVENTURA | FL Zip Code 33180 |

DO NOT WRITE IN THIS SPACE

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: *Jason H. Port* **10/28/03**

(NOTE: Registered Agent signature required when re-registering) DATE:

| | |
|---|--|
| January - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | | |
|---|--|----------------|--|
| TITLE Director | NAME JASON H. PORT | TITLE | |
| STREET ADDRESS 20533 Biscayne Blvd, Suite 112 | CITY-ST-ZIP Aventura, FL 33180 | STREET ADDRESS | |
| TITLE | NAME | TITLE | |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
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| TITLE | NAME | TITLE | |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jason H. Port* **10/28/03**

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

CR2E034B (12/02)