

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125711

1. Corporation Name

MEDIAMAN PRODUCTIONS, LTD

2. Principal Office Address
881 OCEAN DRIVE

3. Mailing Office Address
881 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAVAYNE, FL

City & State

KEY BISCAVAYNE, FL

Zip

33149

Country

U.S.

Zip

33149

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2002

5. FEI Number

13-3882402

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

WILLIAM R. HUSEMAN, ESQ.

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

6320 ST. AUGUSTINE ROAD

Suite, Apt. #, Etc.

BUILDING 12

City

JACKSONVILLE

State

FL

Zip Code

32217

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

REGISTERED AGENT MUST SIGN

Date 11/05/2003

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
PST	ALLAN MATTHEWS	881 OCEAN DRIVE	KEY BISCAVAYNE, FL 33149

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:

ALLAN MATTHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Date

305-365-9992

Daytime Phone #

CR2001 (10/02)