


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000002439		
1. Entity Name T-MAC ENTERPRISES INCORPORATED		

FILED

2008 MAR -6 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064 US	Mailing Address WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address Ms. Kaleen Farrell	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 20929 Ventura Blvd., #47-256	
City & State		City & State Woodland Hills, California	
Zip	Country	Zip	Country
		91364	US

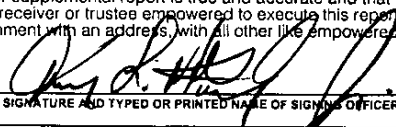


6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVENUE, SUITE 1000 (MRH) ORLANDO, FL 32801		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 J. Gregory Humphries, VP <small>Signature, typed or printed name of registered agent and title if applicable</small>	February 8, 2008 <small>DATE</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABOW, ELISSA 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500121251215 03/25/08--01053--013 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WAYNE R 13112 HAVEN FALLS LANE SUGAR LAND, TX 77478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIFORD, MELANISE 152 WYNDHAM DR. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRADY, TRACY L JR. 2327 ENGLERT DR, SUITE 102 DURHAM, NC 27713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date _____ Daytime Phone # _____