


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000005890</b> 1. Entity Name <b>WOW MEDIA, INC.</b>			<b>FILED</b> <b>04 OCT 29 AM 11:49</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>3725 SHERIDAN AVENUE MIAMI BEACH, FL 33140</b>		Mailing Address <b>3725 SHERIDAN AVENUE MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>7098 BONITA DRIVE</b> Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		4. FEI Number <b>58-2668304</b>	
Zip <b>33141</b>		Country <b>US</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent Name <b>MARTIN KINKEAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3739 SHERIDAN AVENUE</b> City <b>MIAMI BEACH FL</b> Zip Code <b>33140</b>	
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 <i>Martin Kinkead</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>10/27/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>DPS</b>	NAME <b>BLOOM, CORINNE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3725 SHERIDAN AVENUE</b>	CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		
TITLE <b>DVPT</b>	NAME <b>ENKIN, DARREN</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3725 SHERIDAN AVENUE</b>	CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>		
		200042318642 10/29/04--01069--003 **758.75	
		<i>DK</i>	
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 Block 11 if changed, or on an attachment with an address, with all other <del>the</del> empowered.			
SIGNATURE: <i>Darren Enkin</i>		VICE PRESIDENT '10-27-04 (305)535-9097	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	