

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 28, 2004  
Secretary of State**

DOCUMENT# P03000025130

Entity Name: SABRA INTERACTIVE INC.

**Current Principal Place of Business:**

19370 COLLINS AVENUE  
416  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19370 COLLINS AVENUE  
416  
AVENTURA, FL 33160

**New Mailing Address:**

1326 PRESIDENT STREET  
BROOKLYN, NY 11213

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSNER, MICHAL  
19370 COLLINS AVENUE  
416  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      DIR                                      ( ) Change (X) Addition  
Name:                                      BERCOVITS, RACHEL DIRECTO  
Address:                                      19370 COLLINS AVENUE #416  
City-St-Zip:                                      AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL BERCOVITS

RB

10/28/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date