2004 FOR PROFIT CORPORATION REINSTATEMENT

	,===:	REINST	TATEMENT	* n-				
DOCUMENT # P03000033858 1. Entity Name MIDNEY MEDIA INC					04	FILED DEC 29 A		
Principal Plac	e of Busines	s	Mailing Address			DEG ZO A	n 0 45	*
1224 N26THAVE			1224 N26THAVE	•	cer	RETARY CI	TEATE	~
HOLWOOD FL 33020				HOLLWOOD FL 33020		AHASSEE F	62-177-13。 生 257-13-1 8	
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O Driverie al D	Mana of Chair		A Mailing Addrson		 			
2. Principal Place of Business			3. Mailing Address	3. Mailing Address		OOHAA HAK OOHA ARIII OOH		
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		REIN-P	CR2E098 (6/0	04)
City & State			City & State			470914	455	Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registers			ent Registered Agent		7. Name and	Address of New R	egistered Agent	
Name								
MIDNEY, COSMO -1224-N 26TH AVE Street Address (P.O. Box Number Is Not Acceptable)								
-1224 N 26TH AVE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33020								
			_1	City			FL Zip	Code
			nt for the purpose of changing	g its registered office or r	egistered agent, or bot	h, in the State of Flo	orida. I am familiar v	vith, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and fills if addicable NOTE: Registered Agent signature required when reinstating) DATE DATE								
1		FEE IS \$150.00 105, Fee will be \$30	00.00			In accordance v	with s. 607.193(2) not receive the pr	(b), F.S., the
74101 041								
10.	10500	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	
TITLE NAME	CEOD MIDNEY,	R	☐ Delete	TITLE NAME			☐ Chai	nge 🔲 Addition
STREET ADDRESS					. 80	Q0431	24298 -005 **150	
CITY-ST-ZIP	HOLLYW	OOD, FL 33020		CHY-ST-ZIP	12/02/	/U4U1U1 /-	-UU5 **15L	JUU
TITLE	Р		Delete	TITLE			. Char	nge 🔲 Addition
NAME	MIDNEY, I.			NAME				}
STREET ADDRESS CITY-ST-ZIP	SS 1224 N 26TH AVE. HOLLYWOOD, FL 33020			STREET ADDRESS CITY-ST-ZIP				i
TITLE	-		Delete	TITLE			☐ Cha	nge 🔲 Addition
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STREET ADDRESS				STREET ADDRESS	ii at atalee teet ee ee ee	c m on the carrie	601	
CATY-ST-ZIP				CITY-ST-ZIP		THE STATE OF THE S	(M)	
TITLE			☐ Delete	TILE		. A Paraconte de Pi	☐ Cha	nge 🔲 Addition
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NAME PRODUCT ADDRESS				NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Cha	nge Addition
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CHY-ST-ZIP				
		he info-matter arreation	1 16 AL 20 17		od in Section 110.07(2)	i) Florida Statutes	I further partifus that	the information
19 hanne	nortific that to							
12. I hereby indicated	certify that to	ort or supplemental Top	ort is true and accurate and t	that my signature shall ha	ve the same legal effector 607. Elector	t as if made under	oath; that I am an of	ficer or director
12. I hereby indicated of the co changed	certify that to d on this reportation or d, or on an at	or the information supplied out or supplied the information supplied the receiver or fustee of tachment with an address.	I with this filing does not quality out is true and accurate and the empowered to execute this re- ess, with all other like empower	that my signature shall ha eport as required by Char ered.	ve the same legal effectore 607, Florida Statute	et as if made under es; and that my nam	oath; that I am an of ne appears in Block	ficer or director 10 or Block 11 if
12. I hereby indicated of the co-changed		ne information supplied ort or supplemental po the receiver or dustee of tachment with an addre	I with this filling does not quali- out is true and accurate and te empowered to execute this re- ess, with all other like empowe	that my signature shall ha eport as required by Char ered.	ve the same legal effector 607, Florida Statute	t as if made under es; and that my nam	oath; that I am an of he appears in Block	ficer or director 10 or Block 11 if