2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000043978

Entity Name: SLANG MAGAZINE, CORPORATION

FILED Oct 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2800 GLADES CIRCLE, SUITE 153 1483 SW 159 AVENUE WESTON, FL 33327 DAVIE, FL 33326

Current Mailing Address: New Mailing Address:

2800 GLADES CIRCLE, SUITE 153 1483 SW 159 AVENUE WESTON, FL 33327 DAVIE, FL 33326

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

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

CUEVAS, ANDREW
536 BILTMORE WAY
CORA GABLES, FL 33134 US
MATA, ANGEL E
1483 SW 159 AVENUE
DAVIE, FL 33326 US

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: ANGEL E. MATA 10/22/2004

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MATA, ERNESTO
 Name:
 MATA, ANGEL E

 Address:
 2800 GLADES CIRCLE, SUITE 153
 Address:
 1483 SW 159 AVENUE

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 DAVIE, FL 33326

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MATA, LUIS E
 Name:
 MATA, LUIS E

 Address:
 2800 GLADES CIRCLE, SUITE 153
 Address:
 1483 SW 159 AVENUE

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 DAVIE, FL 33326

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: ANGEL E. MATA PTD 10/22/2004