

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013324	
1. Entity Name PHILTER MEDIA, INC.	



FILED

06 MAR -2 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 900 N.W. 22ND STREET GAINESVILLE, FL 32603	Mailing Address POST OFFICE BOX 12565 GAINESVILLE, FL 32604
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2. Principal Place of Business 3232 BALDWIN DRIVE WEST Suite, Apt. #, etc.	3. Mailing Address 3232 BALDWIN DRIVE WEST Suite, Apt. #, etc.
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City & State TALLAHASSEE FL 32309-3602	City & State TALLAHASSEE FL 32309-3602
Zip 32309	Zip 32309
Country USA	Country USA



6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name PHILLIP PERRY Street Address (P.O. Box Number is Not Acceptable) 3232 BALDWIN DRIVE WEST City TALLAHASSEE FL Zip Code 32309	
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>Phillip D. Perry</i> PHILLIP D. PERRY 2-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PSTD PERRY, PHILLIP 900 N.W. 22ND STREET GAINESVILLE, FL 32603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PERRY, PHILLIP 3232 BALDWIN DR. WEST TALLAHASSEE, FL 32309-3602 <input checked="" 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	000068109070 03/20/06--01023--018 **308 75 <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
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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: <i>Phillip D. Perry</i> PHILLIP D. PERRY 2-27-06 954-298-5515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

K. Eckel MAR 07 2006