



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000032213 1. Entity Name HYPE MEDIA GLOBAL, INC.						FILED 06 JAN 5 AM 9:41 SEAL OF THE STATE OF FLORIDA TALLAHASSEE	
Principal Place of Business 4474 WESTON ROAD #152 XFTUPO:GM44442				Mailing Address 55851XFTUPO:SPES\$ 263 XFTUPO:GM44442			
2. Principal Place of Business 1825 Main Street Suite, Apt. #, etc. Suite 201 City & State Weston, Florida Zip 33326 Country USA		3. Mailing Address 1825 Main Street Suite, Apt. #, etc. Suite 201 City & State Weston, Florida Zip 33326 Country USA		12022005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent SMITH, SHAQUILLA 4474 WESTON ROAD #152 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Shaquilla Smith Street Address (P.O. Box Number is Not Acceptable) 1825 Main Street Suite 201 City Weston FL Zip Code 33326			
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 <u>Shaquilla N. Smith</u> 12-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME SMITH, SHAQUILLA STREET ADDRESS 4474 WESTON ROAD #152 CITY-ST-ZIP WESTON, FL 33331				TITLE Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Smith, Shaquilla STREET ADDRESS 1825 Main Street; Suite 201 CITY-ST-ZIP Weston, FL 33326			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Managing Director STREET ADDRESS Gass, Ning CITY-ST-ZIP 1825 Main Street; Suite 201 Weston, FL 33326			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 like empowered.							
SIGNATURE: <u>Shaquilla N. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12-28-05 954-217-9600 <small>Date Daytime Phone #</small>			