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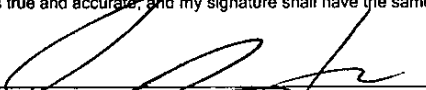
08 OCT -3 PM 4:14

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (10/08)

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67-08

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 OCT -3 PM 4:14 OFFICE OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 783 P04000081087																																	
1. Corporation Name Magellan Entertainment Inc.																																	
2. Principal Office Address - No P.O. Box # 1000 S. Harbour Island Blvd Suite, Apt. #, etc. # 2611 City & State Tampa, FL Zip 33602			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA																														
4. Date Incorporated or Qualified To Do Business in Florida 5/20/2004			5. FEI Number 59-3648255 Applied For Not Applicable																														
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
7. Name and Address of Current Registered Agent Name Gordon, Jeffrey L. Esq. Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd Suite, Apt. #, Etc. 3170 City Tampa State FL Zip Code 33602																																	
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/2/08 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PVST CEO</td><td>Chidi Ahanotu</td><td>1000 S. Harbour Island Tampa, FL 33602</td><td>Tampa, FL 33602</td></tr><tr><td>CEO</td><td>Duru Ahanotu</td><td>1000 S. Harbour Island</td><td>Tampa, FL 33602</td></tr><tr><td colspan="4">300136619773 10/08/08--01058--007 **909.00</td></tr><tr><td colspan="4"></td></tr><tr><td colspan="4"></td></tr><tr><td colspan="4"></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PVST CEO	Chidi Ahanotu	1000 S. Harbour Island Tampa, FL 33602	Tampa, FL 33602	CEO	Duru Ahanotu	1000 S. Harbour Island	Tampa, FL 33602	300136619773 10/08/08--01058--007 **909.00															
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.																																	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/2/08 8132220312 Date Daytime Phone #																																	

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