2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000100739

Entity Name: FOUR CORNERS PUBLISHING, INC.

FILED Nov 03, 2008 Secretary of State

280 AVE A NW 226 SEVENTH STREET SW WINTER HAVEN, FL 338814512 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

280 AVE A NW 226 SEVENTH STREET SW WINTER HAVEN, FL 338814512 WINTER HAVEN, FL 33880

FEI Number: 20-1376303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PRIGDEN, TERESA L 1112 S BAY STREET EUSTIS, FL 32726

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: SCOTT KLINE

LONGWOOD, FL 32752

Electronic Signature of Registered Agent Date

Title:

City-St-Zip:

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:

VPD

Title:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

DEBARY, FL 32713

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

KLINE, SCOTT L KLINE, SCOTT L Name: Name:

280 AVE A NW 226 SEVENTH STREET SW Address: Address: City-St-Zip: WINTER HAVEN, FL 338814512 City-St-Zip: WINTER HAVEN, FL 33880

() Delete Name: PRIDGEN, TERESA Name: 11125 S BAY STREET Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip:

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

LOWER, MARTHA Name: LOWER, MARTHA Name: PO BOX 1 82 SPRING VISTA Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT KLINE D 11/03/2008