2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000003980

Entity Name: ENABLED MEDIA GROUP, INC.

FILED Mar 30, 2007 Secretary of State

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

321 WILTON CIRCLE SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

321 WILTON CIRCLE SANFORD, FL 32773

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:

BOSWELL, MICHAEL L
321 WILTON CIRCLE
SANFORD, FL 32773 US

BOSWELL, MICHAEL L
800 OAK TREE TERRACE
DE LAND, FL 32721-233 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: MICHAEL L. BOSWELL, ESQ. 03/30/2007

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:

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

 Name:
 LANDRY, KEITH
 Name:
 LANDRY, KEITH

 Address:
 321 WILTON CIRCLE
 Address:
 321 WILTON CIRCLE

 City-St-Zip:
 SANFORD, FL 32773 US
 City-St-Zip:
 SANFORD, FL 32773 US

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

 Name:
 LOPEZ, SARAH
 Name:

 Address:
 321 WILTON CIRCLE
 Address:

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:

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

 Name:
 PRATAMA, YUDHA
 Name:

 Address:
 321 WILTON CIRCLE
 Address:

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:

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

 Name:
 BOSWELL, MICHAEL L
 Name:

 Address:
 321 WILTON CIRCLE
 Address:

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL L. BOSWELL, ESQ. RA 03/30/2007