

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000020492

1. Entity Name
LEGRAND MEDIA GROUP, INC.



Principal Place of Business
8520 POCASSET PLACE
ORLANDO, FL 32827

Mailing Address
8520 POCASSET PLACE
ORLANDO, FL 32827



10102006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2306214

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGRAND, MARK
8520 POCASSET PLACE
ORLANDO, FL 32827

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mark Legrand

10/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

We did not receive prior notice

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 P
NAME LEGRAND, LISA M ☐ Delete
STREET ADDRESS 8520 POCASSET PLACE
CITY-ST-ZIP ORLANDO, FL 32827

TITLE ☐ Change ☐ Addition
NAME 600080828066
STREET ADDRESS 10/13/06--01041--013
CITY-ST-ZIP **158.75

TITLE VP
NAME LEGRAND, MARK ☐ Delete
STREET ADDRESS 8520 POCASSET PLACE
CITY-ST-ZIP ORLANDO, FL 32827

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC.
NAME LEGRAND, LISA M ☐ Delete
STREET ADDRESS 8520 POCASSET PLACE
CITY-ST-ZIP ORLANDO, FL 32827

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRES
NAME LEGRAND, MARK ☐ Delete
STREET ADDRESS 8520 POCASSET PLACE
CITY-ST-ZIP ORLANDO, FL 32827

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Legrand

10-10-06

(407) 852 0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/06