

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000020492

Entity Name: LEGRAND MEDIA GROUP, INC.

FILED  
May 02, 2008  
Secretary of State

## Current Principal Place of Business:

8520 POCASSET PLACE  
ORLANDO, FL 32827

## New Principal Place of Business:

Current Mailing Address:  
8520 POCASSET PLACE  
ORLANDO, FL 32827

## New Mailing Address:

FEI Number: 20-2306214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGRAND, MARK  
8520 POCASSET PLACE  
ORLANDO, FL 32827 US

## Name and Address of New Registered Agent:

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: LISA M. LEGRAND

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:

Title: P ( ) Delete  
Name: LEGRAND, LISA M  
Address: 8520 POCASSET PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: VP ( ) Delete  
Name: LEGRAND, MARK  
Address: 8520 POCASSET PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: SEC. ( ) Delete  
Name: LEGRAND, LISA M  
Address: 8520 POCASSET PLACE  
City-St-Zip: ORLANDO, FL 32827

Title: TRES ( ) Delete  
Name: LEGRAND, MARK  
Address: 8520 POCASSET PLACE  
City-St-Zip: ORLANDO, FL 32827

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA M. LEGRAND

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date