2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000029344

Entity Name: SPACE COAST CHRONICLE, INC.

FILED Feb 09, 2007 Secretary of State

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

3489 POSEIDON WAY 522 MCGUIRE BLVD

INDIALANTIC, FL 32903 INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

3489 POSEIDON WAY PO BOX 33248

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903

FEI Number: 30-0299702 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:

GUAJARDO-PAUL, CYNTHIA
3489 POSEIDON WAY
GUAJARDO-PAUL, CYNTHIA
522 MCGUIRE BLVD.

INDIALANTIC, FL 32903 US INDIAN HARBOUR BEACH, FL 32937 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: CYNTHIA GUAJARDO-PAUL 02/09/2007

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:

() Delete

COO

Title:

Title: P (X) Change()Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GUAJARDO-PÁUL, CYNTHIA Name: GUAJARDO-PÁUL, CYNTHÍA

 Address:
 3489 POSEIDON WAY
 Address:
 PO BOX 33248

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIALANTIC, FL 32903

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

 Name:
 PAUL, MICHAEL
 Name:

 Address:
 3489 POSEIDON WAY
 Address:

 City-St-Zip:
 INDIALANTIC, FL 32903
 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: CYNTHIA GUAJARDO-PAUL P 02/09/2007