2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000034225

Entity Name: FLY MEDIA, INC.

FILED Nov 23, 2009 Secretary of State

Entity Nai	me: FLY MEDI	A, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:			
3600 S. STATE RD. 7 SUITE 8			2114 N. FLAMINGO	RD,			
MIRAMAR	, FL 33023	US	1192 PEMBROKE PINES	6. FL 33028	US		
Current M	lailing Addres	s:		New Mailing Address:			
3600 S. STATE RD. 7 SUITE 8 MIRAMAR, FL 33023 US			2114 N FI AMINGO	2114 N FLAMINGO RD.			
			1192 PEMBROKE PINES, FL 33028 US				
FEI Number	: 20-2458576	FEI Number Applied For()	FEI Number Not Applicable ()		ate of Status Desired	1()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:			
	119 AVENUE	us					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or	registered agent, c	r both,	
SIGNATU	RE: DAVID JC	HN PALMER					
	Electron	ic Signature of Registered Age	nt		Date		
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.				
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () PALMER, DAVII 2264 SW 119 A MIRAMAR, FL	VENUE	Title: Name: Address: City-St-Zip:	() Change	() Addition		
Title: Name: Address: City-St-Zip:	T () PALMER, DAVII 2264 SW 119 A MIRAMAR, FL	VENUE	Title: Name: Address: City-St-Zip:	()Change	() Addition		
Title: Name: Address: City-St-Zip:	S () PALMER, DAVII 2264 SW 119 A MIRAMAR, FL 3	VENUE	Title: Name: Address: City-St-Zip:	() Change	() Addition		

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: DAVID J PALMER OWN 11/23/2009