2607 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			Law of Law	
DOCUMENT # P05000060445			i fame	C U
Entity Name WRIGHT MULTI-MEDIA ENTERPRISES, INC.			08 FEB 22	AM 9: 40
			TALLAHASSEE.	OF STATE
	Mailing Address	****	IALLAMASSEE,	FLORIDA
9380 NW 39TH COURT 11110 OAKLAND PARK BOU SUNRISE, FL 33351 NO. 268		LEVARD		
	SUNRISE, FL 33351		I ARTIKAL III AANTI ANII ERIII FANII ARNI	RYNN BINN BYNN RICH TITTA BANGBA 16 1986
2. Principal Place of Business - No P.Q. Box,# 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del>L</del>	-	
268	Suite, Apr. #, etc.	12012	11292007 REIN-P	CR2E098 (1/07)
Sunrise, FL	City & State W	000	4. FEI Number 20-2738849	Applied For Not Applicable
2ip Country 3335 Country 5. Name and Address of Current Reg		untry	Certificate of Status Desired     Name and Address of New Re	\$8.75 Additional Fee Required
	atoreo Agent	Name	11/10	sgistered Agent
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD STE 10	)1	Street Address	(Be Box Number is Not Acceptable	DIJ # 210
TALLAHASSEE, FL 32301	_	THO	Cakland tu	C BUA. + 260
DELET	E	Cike	1-0	Zip Code
8. The above named entity submits the statement for the	nurnosa of changing its registr	$\perp \supset (\mathcal{U}$	avrise	- 「 <b>-</b>   スズィン
the obligations of registered agent.	dalposepi chajigng its registe			,
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE/Registered Agent alignature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After January 1, 2008, Fee will be \$300.00  After January 1, 2008, Fee will be \$300.00  After January 1, 2008, Fee will be \$300.00				
10. OFFICERS AND DIR	ECTORS 1	Dept of	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
TITLE DPST		TLE D	DC-T	700
MAME WRIGHT, LORNA D STREET ADDRESS 9380 NW 39TH COURT		AME STREET ADDRESS	RIGHT LORNA D	KB/W. #268
CITY-ST-ZIP SUNRISE, FL 33351		ITY-ST-ZIP	incise FL 33	1351
TITLE V NAME SCHLOSS, DENNIS G		TLE DO	innis G. Schlos	S Ethange Addition
STREET ADDRESS 264 S LA CIENEGA BLVD #1160	*	TREET ADDRESS P	O. Box 88141	22000
CITY-ST-ZIP BEVERLY HILLS, CA 90211		TY-ST-ZIP	25 Hingeles, CA	-90009
TITLE NAME		TLE .		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		TREET ADDRESS	<b>7001199</b> 03/11/8801915	1463 14388.75-
TITLE		TLE		Change Addition
NAME STREET ADDRESS		AME Treet address		
CITY - ST - ZIP	- ·	ITY-ST-ZIP		a Ks
TITLE		TLE		Champe
NAME STREET ADDRESS		AME Treet address	reinstatemen'	10100
CITY - ST - ZIP	CI	TY-ST-ZIP		
TITLE		TLE AME		☐ Change ☐ Addition
STREET ADDRESS		TREET ADDRESS		
12. I hereby certify that the information supplied with this	L	exemptions contains	ed in Chapter 119 Florida Statutos Lt	further certify that the information
12. I hereby certify that the information supplied with this filling 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.				
changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DRIECTOR  Object Of Date Of Date Officer				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				