2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080332

Entity Name: GROUP INTERACTIVE SOLUTIONS, INC.

FILED Mar 30, 2007 Secretary of State

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

619 NE 1ST STREET 1010 N MAIN STREET GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

619 NE 1ST STREET 1010 N MAIN STREET GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

FEI Number: 20-2937906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FIELDMAN, ETHAN FIELDMAN, ETHAN 619 NE 1ST STREET 1010 N MAIN STREET GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 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: ETHAN FIELDMAN 03/30/2007

> 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:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FIELDMAN, ETHAN FIELDMAN, ETHAN Name: Name: 619 NE 1ST STREET 1010 N MAIN STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601

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

HINTZE, MATTHEW Name: Name: HINTZE, MATTHEW 619 NE 1ST STREET Address: 1010 N MAIN STREET Address: GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 City-St-Zip: 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.

Ρ SIGNATURE: ETHAN FIELDMAN 03/30/2007