

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000142275

1. Entity Name
WEALTH PUZZLE MEDIA GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 AM 9:32

Principal Place of Business
1800 PEMBROOK DR., SUITE 300
ORLANDO, FL 32810

Mailing Address
1800 PEMBROOK DR., SUITE 300
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 REIN-P CR2E098 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD R. ALEXANDER, P.L.
200 S. ORANGE AVE.
SUITE 1220
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEEMER, ANTHONY	
STREET ADDRESS	1800 PEMBROOK DR., SUITE 300	
CITY - ST - ZIP	ORLANDO, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, GERARD	
STREET ADDRESS	1800 PEMBROOK DR., SUITE 300	
CITY - ST - ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY R. HUDSON	
STREET ADDRESS	1800 PEMBROOK DR., STE. 300	
CITY - ST - ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-08

Date

Daytime Phone #