2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 27, 2006
Secretary of State

DOCUMENT# P05000166147

Entity Name: THE FLORIDA ASSOCIATION OF BLACK OWNED MEDIA, INC.

Current Principal Place of Business:

545 N W 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

545 N W 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, BOBBY R SR.
5140 S W 21ST COURT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: BOBBY R. HENRY, SR.
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: P ( ) Delete
Name: HENRY, BOBBY R SR.
Address: 5140 S W 21ST COURT
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete
Name: HUNTER, JOHNNY SR.
Address: 3006 GOODRICH AVE.
City-St-Zip: SARASOTA, FL 34234

Title: SEC. ( ) Delete
Name: PERRY, SYLVIA
Address: 903 W EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: BOBBY R. HENRY, SR. P 09/27/2006
Electronic Signature of Signing Officer or Director Date