

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000094945

FILED
Sep 28, 2009
Secretary of State

Entity Name: BOOST MEDIA PRODUCTIONS, INC.

Current Principal Place of Business:

855 SW 11TH CT.
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

917 NE 16TH AVE
15
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

855 SW 11TH CT.
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

917 NE 16TH AVE
15
FORT LAUDERDALE, FL 33304 US

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

Name and Address of Current Registered Agent:

WAXMAN, ANDREW B
855 SW 11TH CT.
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

STRACHAN, SHAE P
917 NE 16TH AVE
15
FORT LAUDERDALE, FL 33304 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: SHAE STRACHAN

09/28/2009

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: VP () Delete
Name: WAXMAN, ANDREW B
Address: 855 SW 11TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: VP (X) Delete
Name: STRACHAN, SHAE
Address: 917 NE 16TH AVE. #15
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRACHAN, SHAE P
Address: 917 NE 16TH AVE #15
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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

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: SHAE STRACHAN

P

09/28/2009

Electronic Signature of Signing Officer or Director

Date