PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN 30 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000083182

1. Corporation Name
Tampa Media Group, Inc.

JAN 31 2014
L. SELLERS

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
202 S. Parker Street	202 S. Parker Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/2012

5. FEI Number: 46-1115651 ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 2013 2014

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Rebecca Barth Rebecca Barth, Assistant Secretary Date: January 10, 2014
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D MC	Cyrus Nikou	128 N Swall Dr. #105	Los Angeles, CA 90048
D MC	Robert Loring	930 Harbor Bay Drive	Tampa, FL 33602
D MC	Aman Bajaj	149 S. Spaulding Dr. Apt. 4	Beverly Hills, CA 90212
D MC	Gary Alcock	519 S. Barrington Ave. #101	Los Angeles, CA 90049
D MC	Jeffrey Gray	2355 Lebanon Rd Apt 6307	Frisco, TX 75034

10. E-mail Address: fyashar@greenhassonjanks.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: CYRUS Nikou 1/10/2014 310-229-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #