Daytime Phone #

Date

PI FASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | , | ا بر الا 140 | ILEU LIZ AMIO: RETARY CE S AMASSEE, FI | 20 TATE ORIDA | | |
|------------------------------|---|---|--|--|-----------------------|--|---|---|------------------------------------|-----------------|
| DOCU | • | # P93000050122 | | | | | SEC! TALL | AHASSEL | | |
| 204 NW | | ic. alley Drive alley Drive | | | | | | | | |
| 2. Principa | I Office Addre | | 3. Mailing Office Address 204 NW Platte Valley Drive | | | Keinsi | TAT | ewent | · 02 - | 04 |
| Suite, Apt, #Fetc. | | | Suite, Apt. #, etc. | | | | | | | |
| City & State | | | City & State | | | 4. Date !ncorporated or Oualified To Do Business in Florida 7/16/1993 | | | | |
| Riverside, MO | | | Riverside, MO | | | 5. FEI Number Applied For 593197422 Not Applicable | | | | |
| Zip 64150 | | Country United States . | Zip 64150 | Country United States | | 6. CERTIFICATE | | | Additional Fe | e required |
| | : | | 7. 1 | Name and Address of Current Reg | jistere | ed Agent | | | | |
| | Name CT Cor | poration System | | | | g y | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road | | | | | | '04(|)90095)1021013 | **1058. | 75 |
| | Suite, Apt. | | | | | | | | | |
| | ^{City} Plantati | on | | | | | State FL | Zip Code 33324 | | |
| 8. I, being | appointed the | registered agent of the ab | ove named corpo | oration, am familiar with and accept t | the obl | ligations of section | n 607.050 | 95 or 617.0503, F.S. | | (01/04) |
| Signature of Registered a | f Agent ? | ease see letter | of Acce | plance of Appaintment must sign | <u>ne</u> n | 4 | Date _ | 07/07/2004 | | CRZE081 (01/04) |
| 9. Names | and Street A | ddresses of Each Officer ar | nd/or Director (Fk | orida nonprofit corporations must list | t at lea | st 3 directors) | | | | |
| Titles | , etc. 3 | Name of Officers and/or Director | S | Street Address of Officer and/or Dir | | | | City / State | / Zip | |
| P, D | Douglas | Shane Hackett | - <u> </u> | 204 NW Platte Valley D | rive | - | Rivers | side; MO- 6415 | 0 - | |
| s | Angela V | Vhitworth | | 204 NW Platte Valley D | rive | | Rivers | side, MO 6415 | 0 | • |
| | 0 | | | | | | | | | • |
| | <u> </u> | | | | | | | | | |
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| this rei | nstatement ap by the corpora | plication, the reason for dis tion have been paid and the | solution has been a names of individual | mpowered to execute this application in eliminated, the corporate name saticular duals listed on this form do not qualify ave the same legal effect as if made | tisfies t ly for a | the requirements on exemption under oath. | of section r section | 607.0401 or 617.040 119.07(3)(i), F.S. The | 11, F.S., that all information inc | fees |
| SIGNA. | TURF | ICA | 1 | 11 . Then | 7 | 40×07(0) | 7/2004 | 816-584 | -8030 | |

SIGNATURE:

ACCEPTANCE OF APPOINTMENT

RE:

Hackett Media, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 21, 2004

C T CORPORATION SYSTEM

By Sun Cylind Sean L. Emerick,

Assistant Secretary