

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000078056

FILED
Sep 25, 2007
Secretary of State

Entity Name: THE MESSAGE ON HOLD NETWORK, INC.

Current Principal Place of Business:

13907 N. DALE MABRY HWY, #206
TAMPA, FL 33618

New Principal Place of Business:

19508 PINE VALLEY DRIVE
ODESSA, FL 33556

Current Mailing Address:

13907 N. DALE MABRY HWY, #206
TAMPA, FL 33618

New Mailing Address:

19508 PINE VALLEY DRIVE
ODESSA, FL 33556

FEI Number: 59-3215287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTER, BYRON L
13907 N. DALE MABRY HWY, #206
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

LANCASTER, BYRON L
19508 PINE VALLEY DRIVE
ODESSA, FL 33556 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: BYRON LANCASTER

09/25/2007

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: D () Delete
Name: LANCASTER, BYRON
Address: 13907 N. DALE MABRY HWY, #206
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: SELIGMAN, J.B.
Address: 13907 N. DALE MABRY HWY, #206
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANCASTER, BYRON
Address: 19508 PINE VALLEY DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: SELIGMAN, J.B.
Address: 19508 PINE VALLEY DRIVE
City-St-Zip: ODESSA, FL 33556

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: BYRON LANCASTER

DIR

09/25/2007

Electronic Signature of Signing Officer or Director

Date