PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JAN 20 PM 2: 09 **DOCUMENT # P96000014305** SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name MOVING MEDIA. INC. Principal Place of Business Mailing Address 19500 East Saint Andrews Drive REINSTATEMENT Miami, Florida 33015 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2/15/96 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For 65-0641295 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 19500 East Saint Andrews Miami, Florida 33015 P/S/ Delroy Cowan T/D Drive <del>20</del>0002408042---4 -01/22/98--01009--011 \*\*\*\*900.00 \*\*\*\*900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Spiegel & Utrera, P.A., d/b/a AmeriLawy & Street Address (P.O. Box Number is Not Acceptable) The Law Firm of Lawrence J. Spiegel Chartered 343 Almeria Avenue Suite, Apt. #, Etc. 343 Almeria Avenue Coral Gables, Florida 332/34 City Coral Gables 10. I, being appointed the registered ag alion, am familiar with and accept the obligations of Section 607.0505, F.S. d. h. d. Ameri Lawyer Signature of Registered Agent  $\underline{B} y$  : Natalia Wirera 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer of director or the acceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application in the easyn for desolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made fees owed by the corporunder oath.

Delroy Cowen,

SIGNATURE:

President 1169 Daytime Phone