

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97/98 RE

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

NOV 12 11 3:50
 TALLAHASSEE, FLORIDA
 4000002814244-2
 03/22/99-01140-020
 ***1050.00 ***1050.00

DOCUMENT # P96000037268

1. Corporation Name
Conundrum Communications, Inc.

Principal Place of Business Mailing Address
3434 4th St. N, Ste 2
St. Petersburg, FL 33704

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
P.O. Box 76419
 Suite, Apt. #, etc.
 City & State
St. Petersburg
 Zip Country
33743 USA

Doc # P96000037268
 Date Incorporated or Qualified To Do Business in Florida **April 30**
March/April 1996
 5. FEI Number **59-3385384**
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

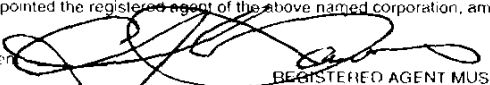
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	A. Sheree Graves	206 6th Ave NE	St. Petersburg, FL 33701
Director	M. Diane Vincent	1709 Washington	Detroit, MI 48009
UP Sec.	EMILY WILLIAMS	445 16th Ave NE	St. Petersburg, FL 33704

REINSTATEMENT 97-99 TS. 3/16/99

8. Name and Address of Current Registered Agent
A. Sheree Graves
206 6th Ave NE
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent  REGISTERED AGENT MUST SIGN
 Date **12-31-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(g), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE  **A. SHEREE Graves, Pres** 12-31-98 727-520-0277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Elysium Phone #

CPRE040 (1/98)