

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97/98 RE

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

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: Apr 1 30
 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 |
| VP / 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: [Signature]
 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: [Signature] A. SHEREE Graves, Pres 12-31-98 727-520-0277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: E-Phone #

CPRE040 (1/98)