

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

4000002814244-2  
 03/22/99-01140-020  
 \*\*\*1050.00 \*\*\*1050.00

Doc # P96000037268  
 Apr 1 30  
 MAR/APR 1996

4. Date Incorporated or Qualified To Do Business in Florida  
 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)