PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 10:48

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043759

1. Corporation Name
UNIVERSAL SPORTS NETWORK INC.

00-01

REINSTATEMENT

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1300 N. RIVERSIDE DRIVE | 1300 N. RIVERSIDE DRIVE |
| Suite, Apt. #, etc. Suite #2 | Suite, Apt. #, etc. Suite #2 |
| City & State POMPANO BEACH, FLA. | City & State POMPANO BEACH, FLA. |
| Zip 33062 Country USA | Zip 33062 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 5/22/96

5. FEI Number 65-0851317 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name NORMAN S. BRASLOW

Street Address (P.O. Box Number is Not Acceptable) 1300 NORTH RIVERSIDE DRIVE

Suite, Apt. #, Etc. SUITE #2

City POMPANO BEACH State FL Zip Code 33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Norman S. Braslow Date 9/28/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P | NORMAN S. BRASLOW | 1300 N. RIVERSIDE DR #2 | POMPANO BEACH, FL 33062 |
| V | DALIA FEFER | 1300 N. RIVERSIDE DR #2 | POMPANO BEACH, FL 33062 |
| | | | 700004649597--7 -10/23/01--01036--003 ****908.75 ****908.75 |
| | | | |
| | | | AD |

10. 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)(i), 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: Norman S. Braslow NORMAN S. BRASLOW 9/28/01 954-946-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #