

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98 AL

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

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FILED

98 NOV 17 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024280

1. Corporation Name  
TNT Media Productions, Inc.

Principal Place of Business Mailing Address  
139 Mohigan Circle  
Boca Raton, FL 33487

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida March 19, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0751244	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/VO	Gary Trautmann	139 Mohigan Circle	Boca Raton, FL 33487

8. Name and Address of Current Registered Agent Gary Trautmann 139 Mohigan Circle Boca Raton, FL 33487		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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: 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

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)(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: [Signature] Gary Trautmann 11/16/98 561-995-9705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E046 (1/88)

139 Mohigan Circle  
Boca Raton, FL 33487

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## TNT Media Productions, Inc.

November 16, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I recently noticed by looking at your website, that my coporation, TNT Media Productions, Inc. was in dissolution. I changed addresses and did not receive a notice in regards to my annual report. The notice was returned to you for non-delivery. Had I received the notice, you can be sure I would have sent in my annual report.

I am enclosing a check for \$150.00 that I was told by your office and would very much appreciate prompt action on my behalf.

Sincerely,



Gary Trautmann,  
President, TNT Media Productions, Inc

561-995-9705

[Click here and type slogan]