

# 2008 FOR PROFIT CORPORATION REINSTATEMENT


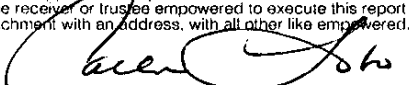
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10302008 REIN-P CR2E098 (1/07)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P97000027122</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 |                                                                                                                                  |  |         |
| 1. Entity Name<br>LOBO MEDIA GROUP, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                 |                                                                                                                                  |                                                                                   |         |
| Principal Place of Business<br>3139 BAY SHORE RD<br>SARASOTA, FL 34234 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                 | Mailing Address<br>3139 BAY SHORE RD<br>SARASOTA, FL 34234 US                                                                    |                                                                                   |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                 | 3. Mailing Address                                                                                                               |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                 | Suite, Apt. #, etc.                                                                                                              |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                 | City & State                                                                                                                     |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | Country                         | Zip                                                                                                                              |                                                                                   | Country |
| 4. FEI Number<br>65-0744834                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                 | Applied For<br>Not Applicable                                                                                                    |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                 | \$8.75 Additional Fee Required                                                                                                   |                                                                                   |         |
| 6. Name and Address of Current Registered Agent<br><br>LOBO, RICHARD M<br>3139 BAY SHORE RD.<br>SARASOTA, FL 34234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                 |                                                                                                                                  |                                                                                   |         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                 |                                                                                                                                  |                                                                                   |         |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                     |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>LOBO, RICHARD M<br>3139 BAY SHORE RD.<br>SARASOTA, FL 34234 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | 000137572320<br>11/03/08--01051--008 **158.75                                     |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVP<br>LOBO, CAREN F<br>3139 BAY SHORE RD<br>SARASOTA, FL 34234   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                   |                                 |                                                                                                                                  |                                                                                   |         |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                 | 10/30/2008 (941)351-9681                                                                                                         |                                                                                   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                 | Date Daytime Phone #                                                                                                             |                                                                                   |         |

11/3/08