PLEASE READ /	ALL INS I	RUCTIONS	BEFORE (ZOMPLE II	ING THIS FOHM.
APPLICATION FOR REINSTATEMENT		A DEPARTMEN Katherine Hai Secretary of S IVISION OF CORPOR	rris State		-u 5D
DOCUMENT #P97000	056	643		1	FILED
• Consentention	^ .	1.0			99 NOV -9 PM 3: 15
POP MEDIA GROUP, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Addre	ass			I One-
If above addresses are incorrect in any way, line thrown New Principal Office Address, If Applicable 220 MIRACLE MILE	3 New Mailir	information and enter c ing Office Address, If A		REIN 4. Date Incorp To Do Busir	STATEMENT 98 97 Oraled or Qualified TULY 7, 1997
Suite. Apt # etc	Fretc Suite, Apt. #, etc.			5. FEI Number	f Applied For
Catal & Chata	City & State			65-	0770408 Applied For Not Applicable
CERAL GABLES FL TOP 33134 USA	Zip	Country			E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7 Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo-		ntions must list at lea		T
Title(s) and/or Directors 1 2		Offi 3 (Do NOT Us	ficer and/or Director se Post Office Box I	r Numbers)	City / State / Zip
PRES CARLOS PONCE		CLO ALEXANDER SI 220 MIRACLE MILE SUITE 203			CORNA GABLES, FL 33134
Vf ('c					ć,
sec "		τ.		·	٠. ،
TREAS ALEXANDER SUEIRO, CPA		()		, 4C	10003053384,4 -11/23/9901069013 *****900.00 *****900.00
8. Name and Address of Current I		ent	Name	9. Name and /	Address of New Registered Agent
JUST L BALOYRA, GARCIA & BALOYRA	1 Era		Street Address	P O Rox Number	E
1101 BRICKALL M	VΕ			·	is Not Acceptable)
MIAMI, FL 33121	17 E 7	52	Suite, Apt. #, Etc	J.	State Zip Code
	od coro	am familiar w			FL
10 I, being appointed the registered agent of the abo Signature of Registered Agent		oration, am familiar wi	th and accept the c	Digations of Scott	Date
 This corporation owes the Intangible Personal Proper 			Yes	□ No LX	(See other side for information on intangible tax.)
12 I certify that I am an officer or director or the receives reinstatement application, the reason for dissolved by the corporation have been paid and the ron this application is true and accurate, and my significant.	olution has been names of individ	n eliminated, the corpo duals listed on this forr	orate name satisfies m do not qualify for	s the requirements r an exemption und	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees ider section 119.07(3)(i), F.S. The information indicated
SIGNATURE: Clerander SIGNATURE AND TYPED OR PRI	LULE INTED NAME OF	SIGNING OFFICER OR I	& XANDEA DIRECTOR	SUGRO	11/5/99 305-567-0N5