

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P97000072509

1. Corporation Name

Zandria Entertainment Networks, Inc.

Principal Place of Business

402 West Broadway
4th Floor
San Diego, CA 92101

Mailing Address

402 West Broadway
4th Floor
San Diego, CA 92101

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

402 West Broadway
4th Floor

3. New Mailing Office Address, If Applicable

402 West Broadway
4th Floor

City & State

San Diego, CA

City & State

San Diego, CA

Zip

92101

Country

USA

Zip

92101

Country

USA4. Date Incorporated or Qualified
To Do Business in Florida8/20/97

5. FEI Number

59-3462986

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☒

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 |
|---------------|---|--|-------------------------|
| DPTS | Treuer Watson | 402 West Broadway 4th Floor | San Diego, CA 92101 |
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8. Name and Address of Current Registered Agent

Financial Foundations, Inc.
2843 Thaxton Dr. #37
Palm Harbor, FL 34684 US
727.784.1458

9. Name and Address of New Registered Agent

Name Robert E. Wiggins
Street Address (P.O. Box Numbers Not Acceptable)
334 East Lake Road
Suite, Apt. #, Etc.
336
City Palm Harbor
State FL Zip Code 34685

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 12/14/9911. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/99
Date619.615.3112
Daytime Phone #