	PLEASE READ	ALLINST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.
*	RLICATION FOR STATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				APPROVELL AND FILED 98 DEC -7 PM 3: 22
DOCUMENT# P97000104878					t.	
MORGAN MEDIA, INC.						SECRETARY OF STATE PALLAHASSEE, FLORIDA
Principal Place of Business Malling Address						
130 SHORE		130 SHORE ROAD			, 	
SUITE 248 PORT WAS	HINGTON NY 11050	SUITE 248 PORT WASHINGTON NY 11050		251A	VSTATEMENT 98	
	addresses are incorrect in any way, line thr incipal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				orated or Qualified
Suite, Apt.		Suite, Apt. #, etc.			To Do Busir 5. FEI Number	ness in Florida 12/12/1997
City & State		City & State				9-3493160 Not Applicable
Zip 4	Country	Zip	Country		CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status
	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation Name of Officers Street Title(s) and/or Directors Officer Officer					City / State / Zip
D	RIMMER, DAVID 130 SHORE RD,			Post Office Box Nu	ımbers)	PORT WASHINGTON NY 11050
D	RIMMER, JENNIFER E 130 SHORE RD,					PORT WASHINGTON NY 11050
	THINKIER, GERTHI ETTE			, x 240		
					- 1	000027102515 -12/11/9801068012 ****750.00 ****750.00
					- 10	
					Pe	12/9
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent Name		
LEPORE, ANTHONY T ESQ, PA 18145 SW 5TH COURT				Street Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 18145				Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the above named corporation, am familiar with				City State Zip Code th and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date 11/26/98 REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)						
12.1 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day time Phone #						

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