

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000046339

1. Entity Name  
**REALCAST Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10800 Biscayne Blvd #510</b>		3. Mailing Address <b>(same)</b>	
Suite, Apt. #, etc. <b>#510</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33161</b>	Country <b>DADE</b>	Zip	Country

FILED  
02 MAR 28 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

**00-01**

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>650 923096</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
		7. Name and Address of Current Registered Agent		
		Name <b>STEVEN D. Kimmel</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>10185 Collins Ave #1403 (change)</b>		
		City <b>Bal Harbour</b> <b>FL</b> Zip Code <b>33154</b>		

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.

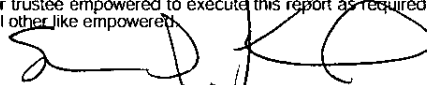
SIGNATURE  DATE **3/15/2002**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D STEVEN D. Kimmel 10185 Collins Ave #1403 Bal Harbour, FL 33154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600005181106-04/01/02-01095-029 ***350.00 ***350.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600005181106-04/01/02-01095-029 ***350.00 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600005181106-04/01/02-01095-033 ***558.75 ***558.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/15/2002** (305) 893-6455

Signature and typed or printed name of signing officer or director

CR2002 (12/01)

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