PLEASE READ A	ALLINST	BUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT C Sandra B. Mortha Secretary of State DIVISION OF CORPORATIO		NT OF STATE tham tate		FILED	
DOCUMENT # \$58647 1. Corporation Name				98 MAY - 1 PM 12: 1 1		
FIRST MEDIA GROUP, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Suite 202 396 Alhambra Circle Coral Gables, Florida 33134				RFINS	TATEMENT 910-98-	
If above addresses are incorrect in any way, line through incorrect information and enter of . New Principal Office Address, If Applicable 3. New Mailing Office Address, If A						
1320 So. Dixie Hwy.				To Do Busir	ness in Florida June 7, 1991	
Suite Apt. #. etc 50 City & State	/ & State City & State			5. FEI Number Applied For Not Applicable		
Coral Gables, FL	Zip	Country		6.	\$8.75 Additional Fee required	
33146 Country USA 7. Names and Street Addresses of Each Officer and/o	nr Director (Flo	rida poporefit corpora	tions must list at lea	<u> </u>	for a Certificate of Status	
Name of Officers and/or Directors			Street Address of Each Officer and/or Director City / State / Zyo / 5/1/98			
		3 (Do NOT Use Post Office Box Numbers) 4 Suite 760 1320 So. Dixie Hwy. Coral Gables, Fl 33146				
D-VP Ivan Martell		Suite 750 1320 So. Dixie Hwy. Coral Gables, FL 33146				
D Parker D Thomson		Suite 1700 One S. E. Third Avenue Miami, FL 33131				
<u></u>			6		100025138268 -05/06/9801096007 ***1050.00 ***1050.00	
8. Name and Address of Current Registered Agent			Name	Name and Address of New Registered Agent		
Parker D. Thomson Suite 1700 One Southeast Third Avenue Miami, Florida 33131			Street Address (P.O. Box Number is Not Acceptable) Suite Apl # Etc			
			Suite, Apl. #, Etc.			
			City State Zip Code			
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 Fully Date April 12, 1995 REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No C (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 filling 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: JUNE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Prione &						

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