		PLEAS	E READ /	ALL INST	RUCT	IONS	BEFORE C	OMPLETI	NG THIS FORM.		
, •	PLICAT FOR STATE			:	A DEPAI Sandra Secreta VISION OF	<b>B. Mor</b> dary of S	tate		Port I a		
DOCUMENT #								FILED			
1. Corporation Name 576353								97 MAR 24 AM 8: 22			
MEDIA DIMENSION, INC.								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Pi	ace of Busine	ess		Mailing Addr	ess			1	· · · · · ·	•••	
1855 Griffin Road, Suite B487 Dania, FI, 33004								REIN	STATEMEN	T 762 97	
If above addresses are incorrect in any way, line through incorrect information and enter correction below  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable											
					e, Apt. #, etc.			4. Date Incorporated or Qualified 770 Do Business in Florida 11/1991			
					City & State			5. FEI Number	65-0338680	Applied For	
Zip Country					Country	,	6. S8.75 Additional Fee required				
7. Names and Street Addresses of Each Officer and/o				or Director. (Florida nonorofit corpora			ione must list at loa	CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
Titie(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip			
P	David Lynn				1855 Griffin Rd, SuitebB-487 Dania FL 33004					L 33004	
VP Connie Hollingsworth					1855 Griffin Rd.			, B487 Dania, FI, 33004			
		····						1	00002124 -03/26/970 *****915.00	4313 1047004 ****915.00	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
<u>:</u>	Name								VI d I VIII O. Box Number is Not Acceptable)		
							Suite. And F. Etc.		•	PZEOAO	
	Suite, Apr. #, Etc.								B-487		
10. I, being	appointed the	regist red at	neat of the above	e named cornor	ration am fa	amiliar with	Dania and accept the ob	linations of Sadio		ip Code 3 3 0 0 4	
Signal re of Registered	• •		<i></i>	SISTERED AGE			and accept the ob		Date 3/21/9	7	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No x (See other side for information on intangible tax.)											
this reins	tatement app the corporation	lication, the re on have been	eason for dissolu paid and the na	tion has been e mes of individu	eliminated, t als fisted or	the corpora 1 this form	ite name satisfies ti do not qualify for a	he requirements on exemption unde	ter 607 or 617, F.S. I further cert of section 607,0401 or 617,0401, er section 119,07(3)(i), F.S. The i	ES that all fonc	
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.											

3/21/97 Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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