

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
IMS PUBLISHING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00


FILED

09 DEC 16 PM 3:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000023799

1. Corporation Name

IMS Publishing, Inc.

2. Principal Office Address - No P.O. Box #

1850 SE 17th Street

Suite, Apt. #, etc.

Suite 310

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

1850 SE 17th Street

Suite, Apt. #, etc.

Suite 310

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 3/17/97

5. FEI Number  
650739459

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

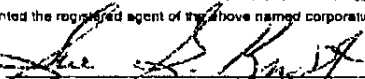
Zip Code

32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 12-16-2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Efrem Zimbalist III	1850 SE 17th St., Ste. 310	Fort Lauderdale, FL 33316
SVP	Brian Sellstrom	1850 SE 17th St., Ste. 310	Fort Lauderdale, FL 33316
VP	Michel Karsenti	1850 SE 17th St., Ste. 310	Fort Lauderdale, FL 33316
S	Andrew Clurman	1850 SE 17th St., Ste. 310	Fort Lauderdale, FL 33316
D	James TenBroek	1850 SE 17th St., Ste. 310	Fort Lauderdale, FL 33316

**REINSTATEMENT**

10. E-mail Address: bsellstrom@aimmedia.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Brian Sellstrom, Sr. VP

12-14-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #