2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 844012

Title:

Name:

Address: City-St-Zip:

FILED Oct 27, 2008 Secretary of State

Entity Name: SHAKER ADVERTISING AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1100 LAKE ST. 3RD FLR. OAK PARK, IL 60301 **New Mailing Address: Current Mailing Address:** 1100 LAKE ST. 3RD FLR. OAK PARK, IL 60301 FEI Number: 36-2683937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HOLESHA, JAMES BIELER, WENDY 4920 CYPRESS 1408 N WESTSHORE BLVD SUITE 104 TAMPA, FL 33607 TAMPA, FL 33607 US 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: WENDY BIELER 10/27/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHAKER, ANTHONY R Name: Name: 1100 LAKE ST. Address: Address: City-St-Zip: OAK PARK, IL City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: SHAKER, HELEN Name: 1100 LAKE ST. Address: Address: OAK PARK, IL City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition SHAKER, JOSEPH G Name: Name: 1100 LAKE ST Address: Address: City-St-Zip: OAK PARK, IL City-St-Zip: Title: VΡ () Delete Title: () Change () Addition BRIGGS, DEREK R Name: Name: Address: 1100 LAKE STREET Address: City-St-Zip: OAK PARK, IL 60301 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: DEREK BRIGGS 10/27/2008

(X) Delete

HOLESHA, JAMES

TAMPA, FL 33607

4920 CYPRESS STE 104

() Change () Addition