

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000004900

Entity Name: LEE ROAD PARTNERS CORP.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

330 MADISON AVENUE, 9TH FLOOR  
NEW YORK, NY 10017

## New Principal Place of Business:

1890 PALMER AVENUE  
SUITE 401  
LARCHMONT, NY 10538

## Current Mailing Address:

330 MADISON AVENUE, 9TH FLOOR  
NEW YORK, NY 10017

## New Mailing Address:

3333 S. ORANGE AVENUE  
SUITE 201  
ORLANDO, FL 32806

FEI Number: 03-0483826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: D.E. HOWARTH

01/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CAPPO, JONATHAN  
Address: 330 MADISON AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CAPPO, JONATHAN  
Address: 1890 PALMER AVENUE, SUITE 401  
City-St-Zip: LARCHMONT, NY 10538

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.

SIGNATURE: JONATHAN CAPPO

PSTD

01/08/2009

Electronic Signature of Signing Officer or Director

Date