

JAN: 11. 2005 1:01PM

CORPORATION SVC CO

NO. 958 P. 2

10f4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |  |  | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  | 05 JAN 11 PM 3:47<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| DOCUMENT # F03000001696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| 1. Corporation Name<br>DDB WORLDWIDE COMMUNICATIONS GROUP INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| 2. Principal Office Address<br>437 Madison Avenue<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                   |  | 3. Mailing Office Address<br>437 Madison Avenue<br>Suite, Apt. #, etc.        |  |                                                                 |  |
| City & State<br>New York, New York<br>Zip<br>10022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                   |  | Country<br>USA                                                                |  |                                                                 |  |
| 4. Date Incorporated or Qualified To Do Business in Florida<br>04/04/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                   |  | 5. FEI Number<br>13-3355855                                                   |  |                                                                 |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                   |  | \$3.75 Additional Fee required for a Certificate of Status                    |  |                                                                 |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| Name<br>CORPORATION SERVICE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1201 HAYS STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| City<br>TALLAHASSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                   |  | State<br>FL                                                                   |  | Zip Code<br>32301                                               |  |
| 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 by <u>Evelyn Wright</u> <u>Evelyn Wright</u> Date <u>01/11/2005</u><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                    |  | City / State / Zip                                                            |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | See Schedule A attached hereto    |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |
| 10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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: <u>Philip S. Krissel</u> <u>Philip S. Krissel</u> / 7/04 212-415-3242<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                   |  |                                                                               |  |                                                                 |  |

C-REIN1 (10/02)

H050QQ007683 3

Schedule A  
to the DDB Worldwide Communications Group Inc.  
Corporation Reinstatement

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

| Officers                                                              | Name             | Business Address<br>Number, Street, City or Town,<br>State, Zip Code |
|-----------------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| ✓ Chairman                                                            | Keith Reinhard   | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Chief Financial Officer                                             | Keith Bremer     | 437 Madison Avenue<br>New York, New York 10022                       |
| President - Latin America                                             | Steven Burton    | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ President and Chief Executive Officer                               | Kenneth Kaess    | 437 Madison Avenue<br>New York, New York 10022                       |
| General Counsel & Secretary                                           | Philip Krieger   | 437 Madison Avenue<br>New York, New York 10022                       |
| Director, Business Development Worldwide                              | Cleve Langton    | 437 Madison Avenue<br>New York, New York 10022                       |
| Chief Financial Officer- North America & Asia and Assistant Secretary | Mark O'Brien     | 437 Madison Avenue<br>New York, New York 10022                       |
| Senior Vice President, Corporate Director of Public Affairs           | Pat Sloan        | 437 Madison Avenue<br>New York, New York 10022                       |
| Controller - North America                                            | Karen Viola      | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Director                                                            | Keith Reinhard   | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Director                                                            | James Best       | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Director                                                            | John Bradstock   | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Director                                                            | Michael Bray     | 437 Madison Avenue<br>New York, New York 10022                       |
| ✓ Director                                                            | Keith Bremer     | 437 Madison Avenue<br>New York, New York 10022                       |
| Director                                                              | Hervé Brossard   | 437 Madison Avenue<br>New York, New York 10022                       |
| Director                                                              | Steve Burton     | 437 Madison Avenue<br>New York, New York 10022                       |
| Director                                                              | Nick Fox         | 437 Madison Avenue<br>New York, New York 10022                       |
| Director                                                              | Patrick Ehringer | 437 Madison Avenue<br>New York, New York 10022                       |
| Director                                                              | Lee Garfinkel    | 437 Madison Avenue<br>New York, New York 10022                       |

JAN. 11. 2005 1:02PM

CORPORATION SVC CO

NO. 958 P. 4

30.4

| Officers | Name             | Business Address<br>Number, Street, City or Town,<br>State, Zip Code |
|----------|------------------|----------------------------------------------------------------------|
| Director | Susan Gillette   | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Ken Kaess        | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Jürgen Knauss    | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Tonio Kröger     | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Aaron Lau        | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Mark O'Brien     | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Richard Rogers   | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | Robert Scarpelli | 437 Madison Avenue<br>New York, New York 10022                       |
| Director | John Zeigler     | 437 Madison Avenue<br>New York, New York 10022                       |

40f4

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000007683 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850) 205-0384

TXT

**From:**

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

**CORPORATION REINSTATEMENT**

**DDB WORLDWIDE COMMUNICATIONS GROUP INC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$900.00 |

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**