

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-P CR2E098 (11/05)

| | | | | | |
|--|--|---------------------------------|--|---|---|
| DOCUMENT # F03000006221 1. Entity Name SPECIALTY MEDIA SERVICES CORP. | | | | | |
| Principal Place of Business 6709-176TH AVE. N.E. REDMOND, WA 98052 | | | Mailing Address 6709-176TH AVE. N.E. REDMOND, WA 98052 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 91-1627716 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RAMIREZ, ROYDE 1729 N.W. 79TH AVE MIAMI, FL 33126 | | | | Name SUAREZ, EDDIE Street Address (P.O. Box Number is Not Acceptable) 1729 N.W. 79TH AVE. City MIAMI FL Zip Code 33126 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 10-10-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCS MEHL, MARTY A 6709-176TH AVE. N.E. REDMOND, WA 98052 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900080878519 10/15/06--01045--013 ***150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCT MEHL, MARY JO 6709-176TH AVE. N.E. REDMOND, WA 98052 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO HENN, BRIAN 6709-176TH AVE. N.E. REDMOND, WA 98052 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 10/6/06 <small>Daytime Phone #</small> | |

10/19/06