2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000001198

Entity Name: RELIANCE COMMUNICATIONS INTERNATIONAL, INC.

FILED Feb 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

570 LEXINGTON AVE.
381 MADISON AVE
38TH FLOOR
NEW YORK, NY 10022
380 MADISON AVE
21ST FLOOR
NEW YORK, NY 10017

Current Mailing Address: New Mailing Address:

570 LEXINGTON AVE.
380 MADISON AVE
38TH FLOOR
NEW YORK, NY 10022
380 MADISON AVE
21ST FLOOR
NEW YORK, NY 10017

FEI Number: 20-0291111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: MICHELE POLSKY

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SAUER, MICHAEL Name: SAUER, MICHAEL

 Address:
 570 LEXINGTON AVE, 38TH FLOOR
 Address:
 380 MADISON AVE, 21ST FLOOR

 City-St-Zip:
 NEW YORK, NY 10022
 City-St-Zip:
 NEW YORK, NY 10017

Title: SD () Delete Title: SD (X) Change () Addition

Name: SAUER, MICHAEL P Name: SAUER, MICHAEL P
Address: 570 LEXINGTON AVE, 38TH FLR Address: 380 MADISON AVE, 21ST FLOOR

City-St-Zip: NEW YORK, NY 10022 City-St-Zip: NEW YORK, NY 10017

Title: TD () Delete Title: TD (X) Change () Addition Name: SAUER, MICHAEL P SAUER, MICHAEL P

Address: 570 LEXINGTON AVE, 38TH FLR Address: 380 MADISON AVE, 21ST FLOOR

City-St-Zip: NEW YORK, NY 10022 City-St-Zip: NEW YORK, NY 10017

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: SIDDHARTH KOTHARI F 02/20/2009