## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000000814

Entity Name: MARKETWIRE, INC.

FILED Dec 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
200 N. SEPULVEDA BLVD., SUITE 1050 EL SEGUNDO, CA 90245				100 N. SEPULVEDA BLVD. SUITE 325 EL SEGUNDO, CA 90245 US			
Current Mailing Address:				New Mailing Address:			
200 N. SEPULVEDA BLVD., SUITE 1050 EL SEGUNDO, CA 90245				100 N. SEPULVEDA BLVD. SUITE 325 EL SEGUNDO, CA 90245 US			
FEI Number:	95-4707403	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 US				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: JOYCE L. MARKLEY, AS ITS AGENT 12/08/2008						12/08/2008	
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did not r	receive th	ne prior notice	<b>).</b>		
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	NOWLAN, MICH	EDA BLVD., SUITE 1050		Title: Name: Address: City-St-Zip:	NOWLAN, MICH	EDA BLVD., SUITE 325	
Title: Name: Address: City-St-Zip:	GRAHAM, MICH. 200 BAY STREE			Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	LANK, MICHAEL 200 BAY STREE			Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	NOWLAN, MICH	EDA BLVD., SUITE 1050		Title: Name: Address: City-St-Zip:	NOWLAN, MICH	EDA BLVD., SUITE 325	
Title: Name: Address: City-St-Zip:	GRAHAM, MICH. 200 BAY STREE			Title: Name: Address: City-St-Zip:	( )	Change ()Addition	

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: MICHAEL NOWLAN D 12/08/2008