

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004176

Entity Name: WYNDCREST DD HOLDINGS, INC.

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

300 ROSE AVENUE
VENICE, CA 90291

New Principal Place of Business:

Current Mailing Address:

300 ROSE AVENUE
VENICE, CA 90291

New Mailing Address:

FEI Number: 20-4728392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARJ DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: DIANE L. FLANAGAN - ASST. SECRETARY

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: C () Delete
Name: TEXTOR, JOHN C
Address: 300 ROSE AVENUE
City-St-Zip: VENICE, CA 90291

Title: CEO () Delete
Name: MILLER, MARK
Address: 300 ROSE AVENUE
City-St-Zip: VENICE, CA 90291

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: TEXTOR, JOHN C
Address: 300 ROSE AVENUE
City-St-Zip: VENICE, CA 90291 US

Title: CEO (X) Change () Addition
Name: PLUMER, CLIFF A
Address: 300 ROSE AVENUE
City-St-Zip: VENICE, CA 90291 US

Title: SEC () Change (X) Addition
Name: GABRIEL, JOSEPH
Address: 300 ROSE AVENUE
City-St-Zip: VENICE, CA 90291 US

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: DENNIS D. MORRISON

CTLR

10/19/2009

Electronic Signature of Signing Officer or Director

Date