2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F07000000354

Entity Name: NATIONAL ASSOCIATION OF WOMEN ARTISTS, INC.

Current Principal Place of Business:

80 FIFTH AVE., #1405
NEW YORK, NY 100118002

New Principal Place of Business:

Current Mailing Address:

3670-B VILLAGE DR.
C/O STELLA WHITE
DELRAY BEACH, FL 33445

New Mailing Address:

80 FIFTH AVE., #1405
NEW YORK, NY 100118002

FEI Number: 13-1661610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLOTKIN, ROBERT J. ESQ.
600 S. ANDREWS AVE., #600
FT. LAUDERDALE, FL 33301 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: ROBERT J SLOTKIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CT ( ) Delete
Name: DUFFY, MARGARET
Address: 80 FIFTH AVE., #1405
City-St-Zip: NEW YORK, NY 100118002

Title: P ( ) Delete
Name: DELL, PENNY
Address: 80 FIFTH AVE., #1405
City-St-Zip: NEW YORK, NY 100118002

Title: V ( ) Delete
Name: ROBINSON, CONNIE
Address: 80 FIFTH AVE., #1405
City-St-Zip: NEW YORK, NY 100118002

Title: S ( ) Delete
Name: ALTSCHUL, MARK
Address: 18 E. 12 ST.
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HAMMOND, SUSAN
Address: 80 FIFTH AVE., #1405
City-St-Zip: NEW YORK, NY 100118002

Title: T (X) Change ( ) Addition
Name: FEARS, CHARLES
Address: 80 FIFTH AVE., #1405
City-St-Zip: NEW YORK, NY 100118002

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK M ALTSCHUL S 01/15/2009
Electronic Signature of Signing Officer or Director — Date