

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000003448

FILED
Oct 14, 2009
Secretary of State

Entity Name: STAMPEDE PRESENTATION PRODUCTS, INC.

Current Principal Place of Business:

3332 WALDEN AVE SUITE 106
DEPEW, NY 14043

New Principal Place of Business:

55 WOODRIDGE DRIVE
AMHERST, NY 14228

Current Mailing Address:

3332 WALDEN AVE SUITE 106
DEPEW, NY 14043

New Mailing Address:

55 WOODRIDGE DRIVE
AMHERST, NY 14228

FEI Number: 16-1538161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKINS, MARK R
3750 NW 114TH AVE SUITE 5
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

WILKINS, MARK R
11351 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 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: MARK R WILKINS

10/14/2009

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: CCEO () Delete
Name: WILKINS, MARK R
Address: 3750 NW 114TH AVE SUITE 5
City-St-Zip: MIAMI, FL 33178

Title: VCPS () Delete
Name: KELLY, KEVIN
Address: 3332 WALDEN AVE SUITE 106
City-St-Zip: DEPEW, NY 14043

Title: T () Delete
Name: BRYLINSKI, MIKE
Address: 3332 WALDEN AVE SUITE 106
City-St-Zip: DEPEW, NY 14043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WILKINS, MARK R
Address: 11351 INTERCHANGE CIRCLE SOUTH
City-St-Zip: MIRAMAR, FL 33025

Title: PRES (X) Change () Addition
Name: KELLY, KEVIN
Address: 55 WOODRIDGE DRIVE
City-St-Zip: AMHERST, NY 14228

Title: VP (X) Change () Addition
Name: BRYLINSKI, MICHAEL V
Address: 55 WOODRIDGE DRIVE
City-St-Zip: AMHERST, NY 14228

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 V. BRYLINSKI

VP

10/14/2009

Electronic Signature of Signing Officer or Director

Date