


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003212 1. Entity Name LW-SSP2A, INC.	
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Principal Place of Business 745 7TH AVENUE NEW YORK, NY 10019	Mailing Address 101 HUDSON STREET 39TH FLOOR JERSEY CITY, NJ 07302
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 70 Hudson St. Suite, Apt. #, etc. 10th Floor / Corp. Tax Dept. City & State Jersey City, NJ Zip 07302	4. FEI Number 75-2568430 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CHO, YON K <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 7TH AVENUE	NAME	200055378552
STREET ADDRESS	NEW YORK, NY 10019	STREET ADDRESS	05/26/05--01065--009 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V MARSAN, DEAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 7TH AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MARRE, JENNIFER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 7TH AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FLANNERY, JOSEPH J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 7TH AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D COHEN, KENNETH <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	745 7TH AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry J. O'Brien Barry J. O'Brien 05/05/06 (201) 499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #