

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000022220

Entity Name: S.M.E.R.F. MARKETING, LLC

FILED
Jul 16, 2005
Secretary of State

Current Principal Place of Business:

5097 SW 34TH TERRACE
HOLLYWOOD, FL 33312

New Principal Place of Business:

Current Mailing Address:

5097 SW 34TH TERRACE
HOLLYWOOD, FL 33312

New Mailing Address:

FEI Number: 34-3591636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, HARVE
7615 BLACK OLIVE WAY
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

ROSENBERG, PAUL H MGR
5097 SW 34TH TERRACE
HOLLYWOOD, FL 33312 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: PAUL H. ROSENBERG

07/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSENTHAL, HARVE
Address: 7615 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: ROSENBERG, PAUL
Address: 5097 S.W. 34TH STREET
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAYER, HAL N MGRM
Address: 3952 SAN SIMEON LANE
City-St-Zip: WESTON, FL 33331

Title: MGRM (X) Change () Addition
Name: ROSENBERG, PAUL H MGR
Address: 5097 S.W. 34TH STREET
City-St-Zip: HOLLYWOOD, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL H. ROSENBERG

MGRM

07/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date