2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L06000107651

Entity Name: UNTRADITIONAL MEDIA PUBLISHING SYSTEMS, LLC

Current Principal Place of Business:

1807 ST. LUCIE COURT
A
FORT PIERCE, FL 34949 US

New Principal Place of Business:

322 HERNANDO ST.
B
FORT PIERCE, FL 34949 US

Current Mailing Address:

1807 ST. LUCIE COURT
A
FORT PIERCE, FL 34949 US

New Mailing Address:

322 HERNANDO ST.
B
FORT PIERCE, FL 34949 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDSON, LAURENCE J
2514 HOLLYWOOD BLVD.
300
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

TSUNODA, EDWARD A
322 HERNANDO ST.
B
FORT PIERCE, FL 34949 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: EDWARD A TSUNODA 03/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TSUNODA, EDWARD A
Address: 1807 ST. LUCIE COURT APT. A
City-St-Zip: FORT PIERCE, FL 34949 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TSUNODA, EDWARD A
Address: 322 HERNANDO ST. B
City-St-Zip: FORT PIERCE, FL 34949 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 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: EDWARD A TSUNODA MGRM 03/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date