

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M01000000683

**FILED**  
**Oct 22, 2004**  
**Secretary of State**

**Entity Name:** AMERICAN STUDENT LIST LLC

**Current Principal Place of Business:**

330 OLD COUNTRY ROAD  
MINEOLA, NY 11501

**New Principal Place of Business:**

**Current Mailing Address:**

330 OLD COUNTRY ROAD  
MINEOLA, NY 11501

**New Mailing Address:**

C/O HAVAS NA, INC.  
430 MOUNTAIN AVENUE  
MURRAY HILL, NJ 07974

**FEI Number:** 11-3519450      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

BOUILLAND, PAUL  
2900 N. MILITARY TRAIL, STE 140  
BOCA RATON, FL 33431 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** P      ( ) Delete  
**Name:** DAMORE, DON  
**Address:** 330 OLD COUNTRY ROAD  
**City-St-Zip:** MINEOLA, NY 11501

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** DAMORE, DON  
**Address:** 330 OLD COUNTRY ROAD  
**City-St-Zip:** MINEOLA, NY 11501

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: DON DAMORE

MGRM

10/22/2004

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