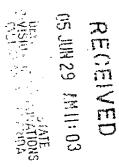
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name o	of Foreign Limited Liability Company)
Delaware	3. 20-2486461
Jurisdiction under the law of which forei company is organized)	ign limited liability (FEI number, if applicable)
March 8, 2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon filing of application	
(Date first trans (See sections 608	sacted business in Florida, if prior to registration.) 3.501 & 608.502 F.S. to determine penalty liability)
622 Third Avenue, 39th Floor, New Y	ork, NY 10017
	(Street Address of Principal Office)
If limited liability company is a m	nanager-managed company, check here 🗹 🍦
The name and usual business addr	resses of the managing members or managers are as follows:
See attached Exhibit A	
·	
Attached is an animal antiGada of animal	nce, no more than 90 days old, duly authenticated by the official having custody of recor
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jurisdiction under the law of which it is orga	anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
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ejurisdiction under the law of which it is organslation of the certificate under cath of the translation. Nature of business or purposes to Alleut	anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslator must be submitted.) be conducted or promoted in Florida: See attached Exhibit A
jurisdiction under the law of which it is organisation of the certificate under cath of the transfer of business or purposes to Alle U Signature of a 1	anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslator must be submitted.) be conducted or promoted in Florida: See attached Exhibit A

Adam Abramson, President of sole managing Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Con	apany is:	
TMP Directional Marketing, LLC	<u>;</u>	
2. The name and the Florida street addres	s of the registered agent and office are:	
NRAI Services, Inc.	· (Name)	•
2731 Executive Park Drive, Florida Street A	, Suite 4 ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	,
Weston	FL 33331 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.

By: Day (Signature) / Asst. Sec.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

EXHIBIT A

TO STATE OF FLORIDA

FOREIGN LIMITED LIABILITY COMPANY APPLICATION

Item 9 - sole managing Member

TMP DM, Inc., 622 Third Avenue, 39th Floor, New York, New York 10017

Item 11 - Nature and Character of Business to be conducted in Florida

(i) the placement of listings (inclusive of display and in column advertisements) on behalf of clients in online and printed yellow pages and white pages directories which is conducted in the United States, Canada and Japan, (ii) the operation of the online relocation business, (iii) the operation of certified marketing representative business and (iv) the operation of the medical listings business.