2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000001375

Entity Name: ACCELERATED MARKETING PARTNERS, LLC

FILED Oct 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

105 MEADOW BROOK RD 303 CONGRESS STREET, 4TH FLOOR

WESTON, MA 02493 BOSTON, MA 02210 US

Current Mailing Address: New Mailing Address:

105 MEADOW BROOK RD 303 CONGRESS STREET, 4TH FLOOR

WESTON, MA 02493 BOSTON, MA 02210 US

FEI Number: 20-8523633 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: Name and Address of New Registered Agent:

ANGELL CORPORATE SERVICES, INC
ONE N . CLEMATIS STREET, STE 400
WEST PALM BEACH, FL 33401 US
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MADONNA CUDDIHY 10/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:2004 PARKER FAMILY LIMITED PARTNERSHIPName:GOLLINGER, JONAddress:1330 NORTH OCEAN BLVDAddress:105 MEADOWBROOK ROADCity-St-Zip:GULF STREAM, FL 33483City-St-Zip:WESTON, MA 02493

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GOLLINGER, JON
 Name:

 Address:
 105 MEADOWBROOK ROAD
 Address:

 City-St-Zip:
 WESTON, MA 02493
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: STEVENS, KEN Name:
Address: PO BOX 362 Address:

City-St-Zip: DIABLO, CA 94528 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 WILKINSON, STEPHANEI
 Name:

 Address:
 106 13TH STREET
 Address:

 City-St-Zip:
 CHARLESTOWN, MA 02129
 City-St-Zip:

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: JON GOLLINGER MGR 10/29/2009