


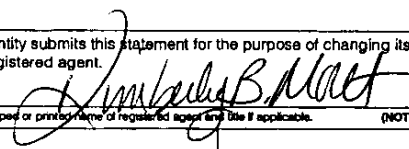

FILED

07 JUN -6 AM 10:35

2007 LIMITED LIABILITY COMPANY
REINSTATEMENTSECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

400104012934

DOCUMENT # M99000001718			
1. Entity Name ACCENT MARKETING SERVICES, L.L.C.			
Principal Place of Business 400 MISSOURI AVENUE SUITE 107 JEFFERSONVILLE, IN 47130		Mailing Address 400 MISSOURI AVENUE SUITE 107 JEFFERSONVILLE, IN 47130	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address MDC PARTNERS INC. 950 THIRD AVE. Suite, Apt. #, etc.	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10022	Country USA.	4. FEI Number 61-1355595	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAY STREET City TALLAHASSEE FL 32301	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Kimberly B. Moret as its agent DATE 6/6/07			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOLEY, KEVIN 400 MISSOURI AVE, SUTE 107 JEFFERSONVILLE, IN 47130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAVIN SWARTZMAN 45 HAZELTON AVE. TORONTO, ONTARIO M5R 2E3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFFENACH, LINDA 400 MISSOURI AVE, SUITE 107 JEFFERSONVILLE, IN 47130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM ROSENBERG 45 HAZELTON AVE. TORONTO, ONTARIO M5R 2E3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAUK, CHRIS 400 MISSOURI AVE, SUITE 107 JEFFERSONVILLE, IN 47130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT DICKSON 45 HAZELTON AVE. TORONTO, ONTARIO M5R 2E3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLENN GIBSON 45 HAZELTON AVE. TORONTO, ONTARIO M5R 2E3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL GENDEL 950 THIRD AVE. NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOM HANSEN 400 MISSOURI AVE. STE#107 JEFFERSONVILLE, IN 47130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  MITCHELL GENDEL, MGR JUNE 6, 2007 (646) 429-1803			



CORPORATION SERVICE COMPANY

M 99000001718

ACCOUNT NO. : 072100000032

REFERENCE : 935880 7467473

AUTHORIZATION

COST LIMIT : \$ 200.00

ORDER DATE : June 6, 2007

ORDER TIME : 2:37 PM

ORDER NO. : 935880-005

CUSTOMER NO: 7467473

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

BK

NAME: ACCENT MARKETING SERVICES,
L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JUN -6 PM 4:13
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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CORP REIM