

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000035612

FILED
Dec 03, 2008
Secretary of State

Entity Name: CIRCULATION DEPARTMENT, INC.

Current Principal Place of Business:

819 PEACOCK PLAZA
STE 560
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

819 PEACOCK PLAZA
STE 560
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-8698279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGOEFF, JAMES A SR
819 PEACOCK PLAZA #560
KEY WEST, FL 33040 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: JAMES A BOGOEFF SR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOGOEFF, JAMES A SR.
Address: 819 PEACOCK PLAZA #560
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BOGOEFF, DENISE
Address: 819 PEACOCK PLAZA #560
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BOGOEFF, JASON
Address: 819 PEACOCK PLAZA 560
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BOGOEFF, JAMES JR
Address: 819 PEACOCK PLAZA 560
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOGOEFF, JAMES A SR.
Address: 819 PEACOCK PLAZA #560
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change () Addition
Name: BOGOEFF, DENISE
Address: 819 PEACOCK PLAZA #560
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A BOGOEFF SR

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12/03/2008

Electronic Signature of Signing Officer or Director

Date