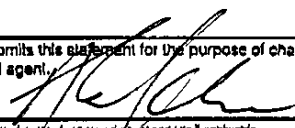
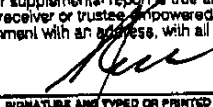


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JUL -6 AM 9:53

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P0300068915			
1. Entity Name NATIONAL EVENT MARKETING INC.			
Principal Place of Business 16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160		Mailing Address 16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 1850 South Ocean Dr. Suite. Apt. #, etc. 3504 City & State HALLANDALE BEACH FL Zip 33009 Country BRUNAR		3. Mailing Address 1850 South Ocean Dr. Suite. Apt. #, etc. 3504 City & State HALLANDALE BEACH FL Zip 33009 Country BRUNAR	
4. FEI Number 56-2372466		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORP. SRVS., INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name ALEXANDER KLEYMAN Street Address (P.O. Box Number is Not Acceptable) 1850 South Ocean Dr. Suite 3504 City HALLANDALE BEACH FL Zip Code 33009	
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 		DATE 6/28/05	
FILE NOW!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEYMAN, ALEXANDER 16850-112 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEYMAN, ALEXANDER 1850 South Ocean Dr. Suite 3504 Hallandale Beach FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600057093936 07/06/05--01055--011 **908.75
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for its exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 6/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	