

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000103538

Entity Name: CAMPBELL ROAD PRESS, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

6225 VISTA VERDE DR. W
GULFPORT, FL 33707

New Principal Place of Business:

300 BEACH DR. NE
2104
ST. PETERSBURG, FL 33701

Current Mailing Address:

6225 VISTA VERDE DR. W
GULFPORT, FL 33707

New Mailing Address:

300 BEACH DR. NE
ST. PETERSBURG, FL 33701

FEI Number: 20-0269676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUMANS, MAURICE E
6225 VISTA VERDE DR. W
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

YOUMANS, MAURICE E
300 BEACH DR. NE
ST. PETERSBURG, FL 33701 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: MAURICE E YOUMANS

01/11/2008

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: P/D () Delete
Name: YOUMANS, MAURICE E
Address: 6225 VISTA VERDE DR. W
City-St-Zip: GULFPORT, FL 33707 US

Title: S/ D () Delete
Name: YOUMANS, GARY B
Address: 5940 COLD BROOK ROAD
City-St-Zip: HOMER, NY 13077 US

Title: TREA () Delete
Name: YOUMANS, MAURICE E
Address: 6225 VISTA VERDE DR. W
City-St-Zip: GULFPORT, FL 33707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: YOUMANS, MAURICE E
Address: 300 BEACH DR. NE
City-St-Zip: GULFPORT, FL 33701 US

Title: S/ D (X) Change () Addition
Name: YOUMANS, GARY B
Address: PO BOX 2794
City-St-Zip: SYRACUSE, NY 13220 US

Title: TREA (X) Change () Addition
Name: YOUMANS, MAURICE E
Address: 300 BEACH DR. NE
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: MAURICE E YOUMANS

P/D

01/11/2008

Electronic Signature of Signing Officer or Director

Date