

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000154571

FILED  
Oct 05, 2005  
Secretary of State

Entity Name: SARNOFF COMMUNICATIONS, INC.

## Current Principal Place of Business:

600 GRAPETREE DR  
11CS  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

600 GRAPETREE DR  
11CS  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 65-0332456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARNOFF, CONCHITA  
600 GRAPETREE DRIVE  
11CS  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

SARNOFF, CONCHITA PSD  
600 GRAPETREE DRIVE  
11CS  
KEY BISCAYNE, FL 33149 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: CONCHITA SARNOFF

10/05/2005

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: PSD ( ) Delete  
Name: SARNOFF, CONCHITA  
Address: 600 GRAPETREE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: SARNOFF, CRISTINA  
Address: 600 GRAPETREE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SARNOFF, CONCHITA MRS.  
Address: 600 GRAPETREE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change ( ) Addition  
Name: SARNOFF, CRISTINA  
Address: 600 GRAPETREE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: CFO ( ) Change (X) Addition  
Name: SARNOFF, NICHOLAS  
Address: 600 GRAPETREE DR  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the 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 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: CONCHITA SARNOFF

PSD

10/05/2005

Electronic Signature of Signing Officer or Director

Date