


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000015014 1. Entity Name ST. PETE PLAZA CORP.	
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FILED
08 APR 14 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % UNITED CORPORATE SERVICES, INC. 9200 S DADELAND BLVD - STE 508 MIAMI, FL 33156	Mailing Address % UNITED CORPORATE SERVICES, INC. 9200 S DADELAND BLVD - STE 508 MIAMI, FL 33156
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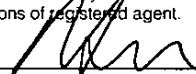
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent	
UNITED CORPORATE SERVICES, INC. - 9200 S DADELAND BLVD STE 508 MIAMI, FL 33156	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: FL Zip Code

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:  Michael A. Barr, President DATE: 4/9/08

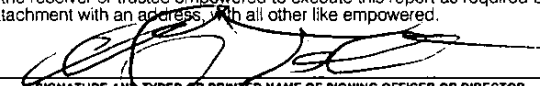
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	MR. TANNENHAUSER, ROBERT F <input type="checkbox"/> Delete
NAME	1633 BROADWAY - 39TH FLOOR
STREET ADDRESS	NEW YORK, NY 10019
CITY-ST-ZIP	
TITLE	MS. GOLDSTEIN, JENNIFER <input type="checkbox"/> Delete
NAME	1633 BROADWAY - 39TH FLOOR
STREET ADDRESS	NEW YORK, NY 10019
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<i>Anylin</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	MR. TANNENHAUSER, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 WEST 81ST STREET
STREET ADDRESS	NEW YORK, NY 10024
CITY-ST-ZIP	
TITLE	MS. GOLDSTEIN, JENNIFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 WEST 72ND STREET
STREET ADDRESS	NEW YORK, NY 10023
CITY-ST-ZIP	
TITLE	MRS. TANNENHAUSER, CAROL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1 WEST 81ST STREET
STREET ADDRESS	NEW YORK, NY 10024
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: 3/17/08 DAYTIME PHONE #: 977-864-8539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #