


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 23 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P11921		
1. Entity Name VIDEO MONITORING SERVICES OF AMERICA, INC.		

Principal Place of Business 330 WEST 42ND STREET NEW YORK, NY 10036	Mailing Address 330 WEST 42ND STREET NEW YORK, NY 10036
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2. Principal Place of Business 1500 Broadway Suite, Apt. #, etc. 6th Floor City & State New York, NY Zip 10036 Country USA	3. Mailing Address 1500 Broadway Suite, Apt. #, etc. 6th Floor City & State New York, NY Zip 10036 Country USA
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01042007 REIN-P CR2E098 (11/05)

4. FEI Number 13-3078441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301
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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 Harry B. Davis **Harry B. Davis**  
Signature, typed or printed name of registered agent and title if applicable. **Asst. Vice President**  
(NOTE: Registered Agent signature required when reinstating) DATE 1/12/07

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WAGGONER, ROBERT C 75 E. NORTHFIELD RD. LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WYNNE, FREDERICK J 75 E. NORTHFIELD RD. LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Laila Sayad 9 Greenbriar Road Little Falls, NJ 07424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WENGRYN, PETER 330 W 42ND STREET NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wengryn, Peter 21 Grenadier Drive Mahwah, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter Wengryn **Peter Wengryn**, 212-736-2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #