


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
05 JAN 27 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P25628		
1. Entity Name THE WALL STREET DIGEST, INC.		

Principal Place of Business ONE SARASOTA TOWER #602 2 NORTH TAMiami TRAIL SARASOTA, FL 34236	Mailing Address ONE SARASOTA TOWER #602 2 NORTH TAMiami TRAIL SARASOTA, FL 34236
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2. Principal Place of Business 8830 S. TAMiami TR	3. Mailing Address 8830 S. TAMiami TR
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Suite, Apt. #, etc. STE 110	Suite, Apt. #, etc. STE 110
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City & State SARASOTA FL	City & State SARASOTA, FL
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Zip 34238	Country	Zip 34238	Country
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6. Name and Address of Current Registered Agent	
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ROWE, DONALD H. ONE SARASOTA TOWER #602 2 NORTH TAMiami TRAIL SARASOTA, FL 34236
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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 _____	DATE 1-26-05

FILE NOW!!! FEE IS \$900.00
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10. OFFICERS AND DIRECTORS	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROWE, DONALD H. 1241 GULF OF MEXICO DR #105 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. I hereby certify that the information furnished with this filing does not qualify 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 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.	
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SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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REINSTATEMENT	FEI Number 22-2136387	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name ROWE, DONALD H.
Street Address (P.O. Box Number is Not Acceptable) 8830 S. TAMiami TRAIL
Suite, Apt. #, etc. STE 110
City SARASOTA
State FL
Zip Code 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ROWE, DONALD H. 37 OSPREY POINT DR OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200046018682 02/04/05--01013--020 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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1-26-05 941-954-5500