## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. RTMENT OF STATE FILED SECRETARY OF STAT TALLAHASSEE, FLORIDA P95000025550 01 OCT 22 PM 5: 41 **DOCUMENT #** 1. Corporation Name SRM INTERACTIVE MEDIA SERVICES INC. Principal Place of Business Mailing Address % LEON D. SOLOMON 3126 WOODLEY STREET NW 603 LONGBOAT CLUB RD WASHINGTON DC 20008 LONGBOAT KEY FL 34228 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/30/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State \_\_58-2178557 Not Applicable \$8.75 Additional Fee require Country CERTIFICATE OF STATUS DESIRED. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip PD SOLOMON, LEON D **603 LONGBOAT CLUB RD** LONGBOAT KEY FL 34228 SD SOLOMON, STEVEN N 3126 WOODLEY RD NW WASHINGTON DC 20008 100004670511==6 11/07/01--01033--007 \*\*\*\*150.00 \*\*\*\*150.00 SP 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 660 E. JEFFERSON ST TALLAHASSEE FL 32301 Suite, Apt. #. Etc. Zip Code I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. SIGNATURE REQUIRED 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate, and my signature shall have the same legal effect as if made under oath.

10-15-01

202-337-5340

## SRM INTERACTIVE MEDIA SERVICES Inc.

603 Longboat Club Rd Suite 701 Longboat Key, Fla. 34228 Tel: 202-337-5340

Present Mailing Address: 3126 Woodley Rd. NW Washington DC 20008

New Mailing Address: (cffective - 11/15/01) C/o Eisman, Zucker, Klein...LLP 120 Bloomingdale Road 4<sup>th</sup> Floor White Plains, New York 10605 Tel: 914-428-7733 Fax: 914-428-7903

**Division of Corporations** Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

- October 15, 2001

Re: SRM Interactive Media Services Inc. FEI 58-2178557

To whom it May Concern:

As my CPA discussed with your office this morning, I never received any correspondence from the State of Florida regarding taxes due prior to receiving this Reinstatement Notice a few days ago. The same problem arose last year, which we hoped to have corrected at the time.

Pursuant to the conversation between your office and my CPA, please accept the enclosed check for \$150 as payment for the annual report/uniform business report for 2001.

To ensure that this problem does not recur, please address all future notices to the new mailing address above.

I am enclosing a stamped, self addressed envelope. Could you be kind enough to acknowledge receipt of this payment in the enclosed envelope?

Thank you,

Sincerely.

Managing Director