

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000070601

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: LEISURE COMMUNICATIONS INTERNATIONAL, INC.

## Current Principal Place of Business:

1701 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

TWO ALHAMBRA PLAZA, SUITE 2B  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

1701 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## New Mailing Address:

TWO ALHAMBRA PLAZA, SUITE 2B  
CORAL GABLES, FL 33134 US

FEI Number: 59-3406516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ST CLAIR, KEITH R  
1701 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ST CLAIR, KEITH R  
TWO ALHAMBRA PLAZA, SUITE 2B  
CORAL GABLES, FL 33134 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: KEITH ST CLAIR

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ST CLAIR, K. R.  
Address: 1701 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ST CLAIR, KEITH R  
Address: TWO ALHAMBRA PLAZA, SUITE 2B  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Change (X) Addition  
Name: ALBER, RONALD R  
Address: TWO ALHAMBRA PLAZA, SUITE 2B  
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC ( ) Change (X) Addition  
Name: BRINKLEY, MICHAEL G  
Address: TWO ALHAMBRA PLAZA, SUITE 2B  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KEITH ST CLAIR

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date