

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000054069

**FILED**  
**Nov 29, 2004**  
**Secretary of State**

**Entity Name:** AREA MARKETING ASSOCIATES, INC.

**Current Principal Place of Business:**

148 SEAGATE RD.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 937  
MIAMI, FL 33131

**New Mailing Address:**

PO BOX 937  
PALM BEACH, FL 33480

**FEI Number:** 65-0844654      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PEREZ, JOAQUIN  
148 SEAGATE RD.  
PALM BEACH, FL 33480      US

**Name and Address of New Registered Agent:**

GARY, LUMSDEN  
148 SEAGATE RD.  
PALM BEACH, FL 33480      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: GARY R. LUMSDEN      11/29/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LUMSDEN, GARY R  
Address: PO BOX 937  
City-St-Zip: PALM BEACH, FL 33480

Title: S      ( ) Delete  
Name: SHAW, ERIC  
Address: 75 EAST 55TH STREET  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY R. LUMSDEN      PRES      11/29/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date