

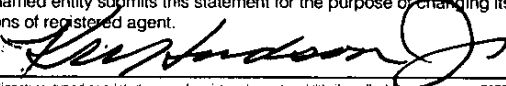



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000062244</b> 1. Entity Name <b>KIT MARKETING, INC.</b>						<div style="text-align: right;">             FILED              2007 APR 20 AM 10:46              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div>							
Principal Place of Business <b>4600 W CYPRESS ST, SUITE 500 TAMPA, FL 33607</b>			Mailing Address <b>4600 W CYPRESS ST, SUITE 500 TAMPA, FL 33607</b>										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3587155</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		04182007 REIN-P CR2E098 (1/07)					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		Zip Country Zip Country					
<b>6. Name and Address of Current Registered Agent</b>  <b>LOPEZ, AL R JR</b> <b>4600 W CYPRESS ST, SUITE 500</b> <b>TAMPA, FL 33607</b>					<b>7. Name and Address of New Registered Agent</b>  Name <b>Kenneth W. Hudson Jr.</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>1049 Axlewood Circle</b>  <b>Brandon</b> <small>City</small>					<b>FL</b> <small>Zip Code</small> <b>33511-6257</b>			
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>					<small>(NOTE: Registered Agent signature required when reinstating)</small>					DATE: <b>4/19/07</b>			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DPST</b> <b>HUDSON, KENETH W JR</b> <input type="checkbox"/> Delete <b>1049 AXLEWOOD CIRCLE</b> <b>BRANDON, FL 33511</b>				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>V</b> <input type="checkbox"/> Delete <b>HUDSON, PHYLLIS J</b> <b>1049 AXLEWOOD CIRCLE</b> <b>TAMPA, FL 33611</b>				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400099265324</b> <b>04/30/07--01003--024 **300.00</b>							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: 2em;">B 4/25/07</div>							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div>							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete				<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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: 					<b>K.W. HUDSON JR. DPST</b>					<b>4/19/07</b>		<b>813-294-5555</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>Date</small>					<small>Daytime Phone #</small>			