
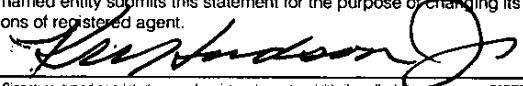



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000062244 1. Entity Name KIT MARKETING, INC.						FILED 2007 APR 20 AM 10:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4600 W CYPRESS ST, SUITE 500 TAMPA, FL 33607				Mailing Address 4600 W CYPRESS ST, SUITE 500 TAMPA, FL 33607			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-3587155				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, AL R JR 4600 W CYPRESS ST, SUITE 500 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Kenneth W. Hudson Jr. Street Address (P.O. Box Number is Not Acceptable) 1049 Axlewood Circle Brandon City FL Zip Code 33511-6257			
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:  4/19/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HUDSON, KENETH W JR 1049 AXLEWOOD CIRCLE BRANDON, FL 33511 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, PHYLLIS J 1049 AXLEWOOD CIRCLE TAMPA, FL 33611 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400099265324 04/30/07--01003--024 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  K.W. HUDSON JR. DPST 4/19/07 8/3-294-5555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							