

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000004527

Entity Name: 410 PARK DISPLAY, INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

410 PARK AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

250 SYLVAN AVENUE
ENGLEWOOD CLIFFS, NJ 07632

New Mailing Address:

250 SYLVAN AVENUE
ATTN: BRIAN HAMPSON
ENGLEWOOD CLIFFS, NJ 07632

FEI Number: 20-0489291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: MARK EPPLEY

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: PD () Delete
Name: PARLATO, MAURICIO
Address: 410 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VD () Delete
Name: MARSELLA, JOSEPH
Address: 250 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: S () Delete
Name: WERTHEIM, DAVID
Address: 250 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: T () Delete
Name: ARGNANI, ROBERTO
Address: 250 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARLATO, MAURIZIO
Address: 410 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

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

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 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: JOSEPH MARSELLA

VP

10/21/2009

Electronic Signature of Signing Officer or Director

Date