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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Name of Limited Partnership
REDAVISION INTERNATIONAL, L.P.

REINSTATEMENT

2003

2. Registered Office Address 5219 De Soto Avenue Suite, Apt. 8, etc.		3. Mailing Office Address 5219 De Soto Avenue Suite, Apt. 8, etc.		4. Date Form and Reinstatement To Be Returned to This Office December 5, 1998	
City & State Woodland Hill, California		City & State Woodland Hills, California		5. Filing Number 13-3893064	
Zip 91367		Country USA		6. ☒ CERTIFICATE OF STATUS REQUIRED ☐	
7a. Capital Contributions as shown on Record: \$52.50				7b. Amount of Capital Contributions in FLORIDA, as due: \$52.50	
8. Name and Address of General Registered Agent Name The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) 3351 Hays Street City Tallahassee State FL Zip Code 32303					
9. I, the undersigned, being a resident of this State, do hereby certify that the foregoing information is true and correct, and that the partnership is a limited partnership organized and existing under the laws of the State of Florida, and that the partnership is a limited partnership as defined in the Florida Statutes, and that the partnership is a limited partnership as defined in the Florida Statutes, and that the partnership is a limited partnership as defined in the Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <i>Maureen Cullen</i> Date 12/10/98 A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10a. Name(s) of General Partner(s) Panpage Two LLC		Address of Each General Partner (Do NOT Use Post Office Box Number) 5219 De Soto Avenue		City, State and Zip Code Woodland Hill, CA 91367	
				10b. Registered Identification Number MD1000600160	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. I, the undersigned, do hereby certify that the information supplied with this form is voluntarily furnished and that I am not acting for the partnership in connection with this filing. I understand that the information supplied is for the use of the Secretary of State and is not to be used for any other purpose. I further certify that the information supplied is true and correct, and that the partnership is a limited partnership as defined in the Florida Statutes, and that the partnership is a limited partnership as defined in the Florida Statutes, and that the partnership is a limited partnership as defined in the Florida Statutes. SIGNATURE <i>Michael J. Korofsky</i> Date 12/9/98 Typed or Printed Name of General Partner Signing Form Michael J. Korofsky, VP & Asst. Secy. Telephone Number 222-572-8430					

2082

Florida Department of State
Division of Corporations
Public Access System

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LIMITED PARTNERSHIP REINSTATEMENT

PANAVISION INTERNATIONAL, L.P. LIMITED

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