# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000002532

1. Entity Name
EXHIBIT EFFECTS - EAST, LLC

FILED
09 JAN 26 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 13700 YORK ROAD<br>NORTH ROYALTON, OH 44133 US | 13700 YORK ROAD<br>NORTH ROYALTON, OH 44133 US |

11212008 REIN-LLC CR2E101 (1/07)

| 2. Principal Place of Business - No P O Box # | 3. Mailing Address |
|---|---|
| 8820 Columbia 100 Pkwy | 8820 Columbia 100 Pkwy |
| Suite, Apt. #, etc<br>Ste 400 | Suite, Apt. #, etc.<br>Ste 400 |
| City & State<br>Columbia, MD | City & State<br>Columbia, MD |
| Zip 21045 Country MD | Zip 21045 Country MD |

4. FEI Number
36-4422314
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 Kimberly Breuning Assistant Secretary 01/16/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $238.75**
**After January 1, 2009, Fee will be $377.50**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>GO3E, LLC<br>13700 YORK ROAD<br>NORTH ROYALTON, OH 44133 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member MGRM<br>James R. Bilka<br>8820 Columbia 100 Pkwy Ste 400<br>Columbia, MD 21045 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900139132819<br>12/18/08--01026--014 **238.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | REINSTATEMENT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 08-09 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR | ☐ Change ☒ Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 12/10/08 410-824-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #