

L01000006926

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 PM 1:49
TALLAHASSEE, FLORIDA

DOCUMENT # L0100006 926 L01000006926

1. Limited Liability Company's Name
DIGITAL MASTERING, LLC

000021047470
01/25/03--01003--015 **150.00

2. Principal Office Address 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country U.S.A.		3. Mailing Office Address 5600 COLLINS AVENUE Suite, Apt. #, etc. 10C City & State MIAMI BEACH, FL Zip 33140 Country U.S.A.	
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4. State/Country of Formation
FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida 04/26/2001

6. FEI Number N/AE Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

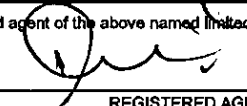
Name: JORGE CORTAZAR

Street Address (P.O. Box Number is Not Acceptable): 5600 COLLINS AVENUE

Suite, Apt. #, Etc.: 10C

City: MIAMI BEACH State: FL Zip Code: 33140

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.


Signature of Registered Agent:  Date: Oct. 14-03

REGISTERED AGENT MUST SIGN

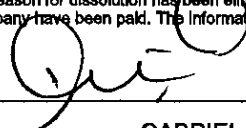
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GABRIEL CORTAZAR	5600 COLLINS AVENUE, 10C	MIAMI BEACH, FL 33140

REINSTATEMENT 2003



11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager:  Date: Oct 14/03 Daytime Phone#

Typed or printed name of signing Managing Member/Manager: GABRIEL CORTAZAR

CR2EM41 (10/02)