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FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **02000033227**

1. Limited Liability Company's Name
ALTER ENTERTAINMENT Group LLC

MJH

10/17 2003

2. Principal Office Address 247 23rd ST		3. Mailing Office Address 2100 N. Ocean Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2801	
City & State Miami Beach FL		City & State FT Lauderdale FL	
Zip 33139	Country USA	Zip 33305	Country USA

4. State/Country of Formation FL / USA	
5. Date Organized or Qualified To Do Business in Florida 12/11/2002	
6. FEI Number 04-3728068	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
INCORPORATE USA INC.

Street Address (P.O. Box Number is Not Acceptable)
3150 Sandy Ridge DR

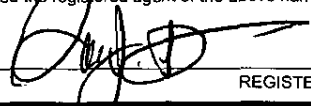
Suite, Apt. #, Etc.

City
Chowater FL 33761

State
FL

Zip Code

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.

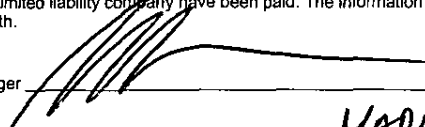
Signature of Registered Agent  Date **10-15-03**

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	MARIO SOPENA	2100 N Ocean Blvd DH28 FT Lauderdale	FL 33305
MGR	Rudolf PIPER	1233 Collins Ave #C	Miami Beach FL 33139
MGR	Michael Storms	1500 Bay Rd # 438	Miami Beach FL 33139
REINSTATEMENT <u>2003</u>			

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 **10-15-03** Daytime Phone# **954-298 6940**

Typed or printed name of signing Managing Member/Manager **MARIO SOPENA**

CR2E041 (10/02)