

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015453

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** FUNKETE FILMS, LLC

**Current Principal Place of Business:**

1657 S.W. 136TH PLACE  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DRIVE, #600  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2601 SOUTH BAYSHORE DRIVE, #700  
COCONUT GROVE, FL 33133

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ATER REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE 600  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

CIBRAN ELJAIK & LOPEZ, P.L.  
2601 SOUTH BAYSHORE DRIVE, SUITE 700  
COCONUT GROVE, FL 33133 US

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: SANTIAGO ELJAIK, MANAGER

01/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIAZ-WAGNER, RAFAEL L  
Address: 1657 S.W. 136TH PLACE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFAEL DIAZ-WAGNER

MGR

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date