

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 MAR 27 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

HOOT/INSIGHT MUSIC PUBLISHING, LLC

L04000017693

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

777 Glades Road

Suite, Apt. #, etc.

3. Mailing Office Address

777 Glades Road

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip  
33431

Country  
USA

City & State

Boca Raton, FL

Zip  
33431

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

3/5/2004

6. FEI Number  
201565200

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

Ludin, Jack B.

Street Address (P.O. Box Number is Not Acceptable)

777 Glades Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Jack Ludin*

REGISTERED AGENT MUST SIGN

Date

3/7/08

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	Ludin, Jack B.	777 Glades Road	Boca Raton, FL 33431
MGR	Zager, Michael J.	777 Glades Road	Boca Raton, FL 33431

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REINSTATEMENT

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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

*Jack Ludin / Michael Zager*

Date

3/7/08

Daytime Phone #

561 297 3007

Typed or printed name of signing Managing Member/Manager