

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000038098

Entity Name: ALL MEDIA CONTENT LLC

FILED
Oct 02, 2006
Secretary of State

Current Principal Place of Business:

801 BRICKELL AVE., 9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880509
BOCA RATON, FL 33488

New Mailing Address:

FEI Number: 13-4297142 FEI Number Applied For () FEI Number Not Applicable () 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BLAKE, ROBERT
7847 LAKESIDE DRIVE
1024
BOCA RATON, FL 33434 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: ROBERT BLAKE

10/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLAKE, ROBERT
Address: 21875 CARTAGENA DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: ST (X) Delete
Name: KAST, ROBERT
Address: 21875 CARTAGENA DRIVE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLAKE, ROBERT
Address: 1024 LAKESIDE DRIVE
City-St-Zip: BOCA RATON, FL 33434

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: ROBERT BLAKE

MGR

10/02/2006

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