PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT -3 PM 3:54

DOCUMENT # L11 0000 24959

1. Limited Liability Company's Name
Alibi Productions, LLC

CR2E041 (1/14)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
1630 Stewart Street	1630 Stewart Street
Suite, Apt. #, etc.	Suite, Apt. # etc.
Suite 120	Suite 120
City & State	City & State
Santa Monica, CA	Santa Monica, CA
Zip / Country	Zip / Country
90404 / U.S.A.	90404 / U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
2/28/2011

6. FEI Number
20-0939678
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

500319329455

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cristle Myers, Assistant Secretary — Date: 10/2/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CFO & Treasurer	James W. Barge	2700 Colorado Ave.	Santa Monica, CA 90404
EVP	B. James Gladstone	2700 Colorado Ave.	Santa Monica, CA 90404
Assistant Treasurer	Michael Hankel	2700 Colorado Ave.	Santa Monica, CA 90404
manager	Andrew Matosich	1630 Stewart Street	Santa Monica, CA 90404

REINSTATEMENT

OCT 03 2018
R. HUNT

11. E-mail Address: slopez@lionsgate.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: B. James Gladstone — Date: 9-28-18 — Daytime Phone #: 310-255-3748

Typed or printed name of signing Authorized Representative/Manager: B. James Gladstone

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/3/2018

Acc#I20160000072

Name:	Alibi Productions, LLC
Document #:	
Order #:	11180959

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑
Plain: ☐
COGS: ☐

Availability _____
Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 1101.25

Thank you!

OCT 03 2018
R. HUNT

18 OCT -3 PM 3:29