

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

101000001481

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

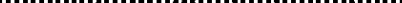
APPLICATION
FOR
REINSTATEMENT

I, John Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1. DOCUMENT # M01000001481

Name and Mailing Address

0008734 01 FP 0.352 **PRSRT H8 0 0615 10010-711111



CULVER OUT OF HOME MEDIA LLC

141 FIFTH AVENUE, 11TH FLOOR

NEW YORK NY 10010-7111

02 NOV -8 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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11/08/02--01117--002 **155.00



11/8 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation NY	
Principal Place of Business 141 FIFTH AVENUE, 11TH FLOOR NEW YORK NY 10010		5. Date Organized or Qualified To Do Business in Florida 07/03/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 13-4030000	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	9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name <u>MICHAEL LIU</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>6503 PINE CASTLE BLVD,</u>	
	<u>SUITE C</u>	
	City <u>ORLANDO</u>	FL Zip Code <u>32809</u>

10. 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 October 28, 2002

REGISTERED AGENT MUST SIGN

[illegible]

12. 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 10/28/02 Daytime Phone # 212-473-5600

Typed or printed name of signing Managing Member/Manager C. Culver