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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

M01000001481

FILED
02 NOV -8 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # M01000001481

Name and Mailing Address

0006734 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

900008895699
11/08/02--01117--002 **155.00

11/8 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
NY

5. Date Organized or Qualified To Do Business in Florida
07/03/2001

Principal Place of Business
141 FIFTH AVENUE, 11TH FLOOR
NEW YORK NY 10010

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name MICHAEL LIU
Street Address (P.O. Box Number is Not Acceptable) 6503 PINE CASTLE BLVD.,
SUITE C
City ORLANDO FL Zip Code 32809

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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	CHRISTOPHER CULVER	141 FIFTH AVE, 11TH FL	NY, NY 10010

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 CHRISTOPHER CULVER