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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

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001481

Name and Mailing Address

0014791 01.AB 0.301 **AUTO H5 0 0615 10010-710511

CULVER OUT OF HOME MEDIA LLC
141 FIFTH AVENUE, 11TH FLOOR
NEW YORK NY 10010-7105

2. New Mailing Address
141 FIFTH AVE., 11 FL., ATTN: M. LIU

City, State, Zip
NY NY 10010

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

CR2E034 (7/03)

8. **Name and Address of Current Registered Agent**

NEWCOMER, RICK
6503 PINE CASTLE BLVD., SUITE C
ORLANDO FL 32809

9. **Name and Address of New Registered Agent**

Name

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

City FL Zip Code

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 SIGNATURE REQUIRED Date 10/20/03

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
MGRM	CULVER, CHRISTOPHER	141 FIFTH AVENUE, 11TH FLOOR	NEW YORK NY 10010

100024166171
10/27/03--01056--023 **155.00

REINSTATEMENT 03 CUS
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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/Manage SIGNATURE REQUIRED Date 10/2/03 Daytime Phone # 212 539 6108

Typed or printed name of signing Managing Member/Manager