FILED

2014 FEB 10 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000000427

1. Limited Liability Company's Name
Los Angeles Dodgers LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 Elysian Park Ave	1000 Elysian Park Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOS ANGELES, CA	City & State: LOS ANGELES, CA
Zip: 90012 Country: USA	Zip: 90012 Country: USA

4. State/Country of Formation: DB

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-0343133 ☐ 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

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

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address: bryanw@ladodgers.com
(To be used for future annual report notices)

9. 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: Donald Baudler Date: 2-10-2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Los Angeles Dodgers Holding Co LLC	1000 Elysian Park Ave	LOS ANGELES, CA 90012
	REINSTATEMENT		S. HAWKES
			FEB 10 A.M.
	2006-14		EXAMINER

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 2/7/14 Daytime Phone #: 323 228 1555

Typed or printed name of signing Manager/Member:

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LIMITED LIABILITY REINSTATEMENT
LOS ANGELES DODGERS LLC

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TALLAHASSEE, FLORIDA

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