

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 FEB 19 AM 8:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M09000004952 1. Limited Liability Company's Name: Endemol Latino N.A., LLC					
2. Principal Office Address - No P.O. Box # 1000 Brickell Avenue		3. Mailing Office Address 1000 Brickell Avenue		4. State/Country of Formation Delaware/USA	
Suite, Apt. #, etc. Suite 1015		Suite, Apt. #, etc. Suite 1015		5. Date Organized or Qualified To Do Business in Florida: 12/18/2009	
City & State Miami, Florida		City & State Miami, Florida		6. FEI Number 27-0669576	
Zip 33131	Country USA	Zip 33131	Country USA	7. ☐ CERTIFICATE OF STATUS DESIRED ☐ YES ☐ NO	
8. Name and Address of Current Registered Agent: Name: Mauricio Piccone Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue Suite, Apt. #, Etc.: Suite 1015 City: Miami				E-mail Address: 400244876434 am@hjh.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 606, F.S. Signature of Registered Agent: Date: 2/19/2013					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers:					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
Mem	Endemol USA Inc.	9255 Sunset Blvd., Suite 1100	Los Angeles, CA 90069		
Mem	Tarabou, Inc.	1209 Orange Street	Wilmington, DE 19801		
REINSTATEMENT 2012-13					
11. I certify that I am managing member/manager of the company or officer empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the amount for delinquency has been determined, the limited liability company name satisfies the requirements of section 606.006, 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 serve the same legal effect as if made under oath. I am aware that false information submitted by a person to the Department of State constitutes a third degree felony as provided for in s.817.105, F.S. Signature of Managing Member/Manager: Date: 2/14/2013 Office Phone: 30-270-4178 Type or print name of signing Managing Member/Manager:					

S. HAWKES

FEB - 2013

EXAMINER