APPRUVI. AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

								-					
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				06 SEP 15 PM 3: 56 SECRETARY OF STATE TALLAHASSEE.FLORIDA						
1. Corpora	UMENT ation Name de Magazin												
	al Office Addre		cas	3. Mailing Office Address 6922 Hollywood Blvd.				REINS	TAT	EWEN		00	-00
Suite, Apt. #, etc.				Suite, Apt. #, etc.				A Database		Ovellend			
4th Floor City & State				4th Floor City & State				4. Date incom To Do Bus	iness in Fl	orida Decembei	31,	1940	
New York, NY				Los Angeles, CA				5. FEI Number Applied For 23-1162684 Not Applicable					
Zip 10036	Country USA				Country USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requires a Certificate of Status					ee required	
	7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 09/18/06-01006-001 **1685 Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 3 = 301												35.00
8. I, being Signature of Registered	of	registere	d agent of the abo	Mil	eration, am f	familiar with and accept	the ob	oligations of secti	on 607.05i	95 or 617.0503, F.		6	
9. Names	s and Street Ad	Idresses	of Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must lis	t at lea	ast 3 directors)	1				
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct									
P/D	Richard B			6922 Hollywood Blvd.				Los Angeles, CA 90028					
D	Michael M	1cKee			6922 Hollywood Blvd				Los Angeles, CA 90028				
D/T	Bedi A. Si	ngh			6922 Hollywood Blvd.			Los Angeles, CA 90028					
VP/S	Stephen H	I. Kay			6922 Hollywood Blvd.			Los Angeles, CA 90028					
VP	Tonia O'C	onnor		6922 Hollywood Blvd.				Los Angeles, CA 90028					

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

6922 Hollywood Blvd.

SIGNATURE:

Charles B. Ammann

AS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2006 (323) 817-4600

Los Angeles, CA 90028

Date

Daytime Phone #