
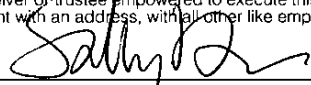


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000001968 1. Entity Name ILU, INC.			
Principal Place of Business 100 LAKE HART DRIVE ORLANDO, FL 32832-0100		Mailing Address 221 NORTH FIGUEROA STREET, SUITE 1200 LOS ANGELES, CA 90012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 Lake Hart Dr - 3500	
City & State		City & State Orlando, FL	
Zip 32832	Country USA	4. FEI Number 59-3441045	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAROLIS, GWYN E 100 LAKE HART DRIVE ORLANDO, FL 32832-0100		7. Name and Address of New Registered Agent Name: Sally E. Hauer Street Address (P.O. Box Number is Not Acceptable): 100 Lake Hart Dr - 3500 City: Orlando FL Zip Code: 32832	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARKS, E. BAILEY SR. 100 LAKE HART DRIVE ORLANDO, FL 328320100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sally E. Hauer 100 Lake Hart Dr - 3500 Orlando, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KOH, VICTOR 350 FIFTH AVENUE, SUITE 1500 NEW YORK, NY 10118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Tjernagel 100 Lake Hart Dr - 3900 Orlando, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, STEPHEN B 100 LAKE HART DRIVE ORLANDO, FL 328320100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100078271561 09/02/06--01033--019 **131.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKES, J. STANLEY JR. 350 FIFTH AVENUE, SUITE 1500 NEW YORK, NY 10018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, E. BAILEY JR. 100 LAKE HART DRIVE ORLANDO, FL 328320100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, LUDER JR. P.O. BOX 4920 ORLANDO, FL 328024920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 7/20/06 Daytime Phone #: 407.826.2047	

FILED
06 JUL 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062006 REIN-NP CR2E099 (11/05) 05-06
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Name: Sally E. Hauer
Street Address (P.O. Box Number is Not Acceptable): 100 Lake Hart Dr - 3500
City: Orlando FL Zip Code: 32832

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
CP MARKS, E. BAILEY SR. 100 LAKE HART DRIVE ORLANDO, FL 328320100 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
S Sally E. Hauer 100 Lake Hart Dr - 3500 Orlando, FL 32832 ☐ Change ☒ Addition

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100078271561
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