

H07000123047

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003111			
1. Corporation Name CINRAM, INC.			
2. Principal Office Address - No P.O. Box # 1600 Rich Road		3. Mailing Office Address c/o ECJ - Howard Z. Berman, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9401 Wilshire #900	
City & State Richmond, IN		City & State Beverly Hills, CA	
Zip 47374	Country USA	Zip 90212	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 6/13/1997			
5. FEI Number 04-3087621		☐ Agreed For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name CT CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am hereby certifying that the corporation is in good standing and is not delinquent in its payment of taxes.			
Signature of Registered Agent <i>[Signature]</i>		SCOTT FERRARO ASSISTANT SECRETARY Date 4/30/2007	
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	David Rubenstein	1600 Rich Road	Richmond, IN 47374
VP/S/T/D	Lewis Ritchie	1600 Rich Road	Richmond, IN 47374
CFO/D	Allen Ison	1600 Rich Road	Richmond, IN 47374
VP/D	Tom Wishard	1600 Rich Road	Richmond, IN 47374
VP/D	Jaime Ovadia	1600 Rich Road	Richmond, IN 47374
10. I certify that I am an officer or director or the secretary 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 contained in Chapter 119, 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.			
SIGNATURE:		Lewis Ritchie - VP, Treasurer & Secretary 4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR Date Daytime Phone #	

A. Mitchell MAY 3 2007