PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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С	ED LIABILITY OMPANY ISTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILÉD 03 JAN 29 PH 1: 00		
DOCUMENT # L00000000071 1. Limited Liability Company's Name BRICKELL AUDIO VISUAL DESIGN GROUP, LLC					SEURETARY OF STATE TALLAHASSBE, FLORIDA DOO11157446 V0301017-003 **205.00	
•	al Office Address RICKELL BAY DRIVE	3. Mailing Office Address SAME				_
Suite, Apt. #		Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA, USA		
1830		SAME		5. Date Organized or Qualified To Do Business in Florida 01/03/2000		
City & State		City & State SAME		6. FEI Numbe	Pr 52-2209507 Applied For Not Applied	_
Zip . 33131	Country USA	Zip SAME	Country SAME	7.	OF STATUS DESIRED S5.00 Additional Fee requirements for a Certificate of State	ired
8. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) 905 BRICKELL BAY DRIVE Suite, Apt. #, Etc. 1830 City MIAMI State Zip Code 33131						
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation Signature of Registered Agent REGISTERED AGENT MUST SIGN					FL 33131 ions of Chapter 608, F.S. Date 01/16/2003	CRZE041 (10/02)
10. Name	s and Street Addresses of Managing Men	bers/Managers			,	
Titles	Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
PRES	JASON L. BEAL	905 Bi	RICKELL BAY DRIVE	E, STE 1830	MIAMI, FL 33131	- -
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filing th all fees as if m Signature of	is reinstatement application the reason for owed by the limited liability company have ade under oath.	dissolution has been elimin	nated, the limited liability comp n indicated on this application i	any name satisfies is true and accura	d for in chapter 608, F.S. I further certify that when is the requirements of section 608,406, F.S., and that te, and my signature shall have the same legal effect	ı.
Managing M	lember/Maneger	140011		16/2003 _D	aytime Phone # (305) 377-2211	-[
Typed or pri	nted name of signing Managing Member/	Manager <u>JASON L.</u>	BEAL			_]