

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 16, 2004
Secretary of State

DOCUMENT# L00000000890

Entity Name: STUDIO X #3, L.L.C.

Current Principal Place of Business:

8211 WEST BROWARD BLVD., SUITE 200
PLANTATION, FL 333242726

New Principal Place of Business:

200 LESLIE DR.
#548
HALLANDALE, FL 33009 US

Current Mailing Address:

8211 WEST BROWARD BLVD., SUITE 200
PLANTATION, FL 333242726

New Mailing Address:

200 LESLIE DR.
#548
HALLANDALE, FL 33009 US

FEI Number: 65-0980698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVID TORCHIN, C.P.A.
8211 WEST BROWARD BLVD., SUITE 200
PLANTATION, FL 333242726 US

Name and Address of New Registered Agent:

LABOCK, ARNON
200 LESLIE DR.
#548
HALLANDALE, FL 33009 US

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.

SIGNATURE: ARNON LABOCK

12/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LABOCK, ARNON
Address: 2728 NW 183RD ST.
City-St-Zip: CAROL CITY, FL 33056

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LABOCK, ARNON
Address: 200 LESLIE DR., #548
City-St-Zip: HALLANDALE, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARNON LABOCK

MGR

12/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date