

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000007015

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** COURAGE PRODUCTIONS, L.L.C.

**Current Principal Place of Business:**

119 WHITING STREET  
TAMPA, FL 33602

**New Principal Place of Business:**

801 NORMANDY TRACE RD.  
TAMPA, FL 33602

**Current Mailing Address:**

119 WHITING STREET  
TAMPA, FL 33602

**New Mailing Address:**

801 NORMANDY TRACE RD.  
TAMPA, FL 33602

**FEI Number:** 59-3622225      **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:**

ALEXANDER, PETER N  
859 SEDDON COVE  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

ALEXANDER, PETER N  
801 NORMANDY TRACE RD.  
TAMPA, FL 33602      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: PETER N ALEXANDER

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ALEXANDER, PETER  
Address: 859 SEDDON COVE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ALEXANDER, PETER  
Address: 801 NORMANDY TRACE RD.  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER N ALEXANDER

MR.

03/21/2008

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