2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 APR -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007729

1. Entity Name
PBS WORLDWIDE, L.L.C.

03232005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
8180 N.W. 36TH STREET, SUITE 230 MIAMI, FL 33166	8180 N.W. 36TH STREET, SUITE 230 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
7300 N.W. 19 ST.	P.O. BOX 527443
Suite, Apt. #, etc. STE. 102	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI, FL
Zip 33126 Country USA	Zip 33152 Country USA

4. FEI Number
65-1078933
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, EDUARDO S 8180 N.W. 36TH STREET, SUITE 230 MIAMI, FL 33166	Name: FLORIDA CORPORATE REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable): 7300 N.W. 19 ST., STE. 102 City: MIAMI FL Zip Code: 33126

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: EDUARDO S. GONZALEZ PRESIDENT FL. CORP. REG. AGENTS INC 4-1-05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BIZET, DANIEL 8180 N.W. 36TH STREET, SUITE 230 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BIZET, DANIEL 7300 N.W. 19 ST., STE. 102 MIAMI, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUPO, SILVIO 8180 N.W. 36TH STREET, SUITE 230 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUPO, SILVIO 7300 N.W. 19 ST., STE. 102 MIAMI, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000053926260 05/05/05--01066--016 **200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 4-1-05 (305) 477-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #