

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAY 24 PM 4:54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012810

**1. Limited Liability Company's Name**

B Mania Television Network, L.C.

700030573647  
03/16/04--01089--006 \*\*200.00

**2. Principal Office Address**

560 Village Blvd

Suite, Apt. #, etc.

Ste 250

City & State

West Palm Beach FL

Zip

33409

Country

USA

**3. Mailing Office Address**

560 Village Blvd

Suite, Apt. #, etc.

Ste 250

City & State

West Palm Beach FL

Zip

33409

Country

USA

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

10/19/00

**6. FEI Number**

65-1088125

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Tom Mohler

Street Address (P.O. Box Number is Not Acceptable)

560 Village Blvd

Suite, Apt. #, Etc.

Ste 250

City

West Palm Beach

State

FL

Zip Code

33409

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/5/04

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Tom Mohler	560 Village Blvd	West Palm Beach FL 33409
MGRM	Ciarran Swords	560 Village Blvd	West Palm Beach FL 33409

**REINSTATEMENT**

2002-04

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*

Date

3/4/05

Daytime Phone #

561-684-5657

Typed or printed name of signing Managing Member/Manager

Tom Mohler

CR2E041 (10/02)