

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
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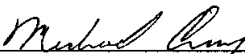
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L000000015291			
1. Limited Liability Company's name Sellout Productions L.L.C. REINSTATEMENT <u>2001-2002</u>			
2. Principal Office Address 4421 N.W. 61 St. Suite, Apt. #, etc.		3. Mailing Office Address 4421 N.W. 61 St. Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33319	Country USA	Zip 33319	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/4/00	
6. FEI Number	☒ Applied for ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ SS-900 Additional Fee Required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Michael Conry	
Street Address (P.O. Box Number is Not Acceptable) 4421 N.W. 61 Street	
Suite, Apt. #, Etc.	
City Fort Lauderdale	State FL
Zip Code 33319	

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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 	Date 7/5/02
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CFO	James P. Hooge	118 SE 14 TH CT.	Deerfield Beach/FL/33441

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 	Date 7/4/02
Daytime phone # 954-426-6805	
Typed or printed name of signing Managing Member/Manager James P. Hooge	

CR201 (4/19/01)

JB
7/5/02