PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
02 JUL 24 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000015291

1. Limited Liability Company's Name

Sellout Productions L.L.C. REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
4421 N.W. 61 St.	4421 N.W. 61 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL	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 ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Michael Corry

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: Michael Corry — Date: 7/5/02
REGISTERED AGENT MUST SIGN

CR2E141 (9/01)

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
CFO	James P. Hogge	118 SE 14th Ct.	Deerfield Bch/FL/33441

JH 7/5/02

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: James Hogge — Date: 7/4/02 — Daytime Phone #: 954-426-6805

Typed or printed name of signing Managing Member/Manager: James P. Hogge