2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 9:19

DOCUMENT # L01000000157

1. Entity Name
BLUEWATER MEDIA, L.C.

Principal Place of Business	Mailing Address
4730 FIFTH STREET SOUTH ST. PETERSBURG, FL 33705 US	4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705 US

10142005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
3912 DARTMOUTH AVE N	3912 DARTMOUTH AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33713 Country: US	Zip: 33713 Country:

4. FEI Number 59-3717785 ☐ 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
LATIMER; LORI E 4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705	Name: ANDREW LATIMER Street Address (P.O. Box Number is Not Acceptable): 3912 DARTMOUTH AVE NORTH City: ST. PETERSBURG FL Zip Code: 33713

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 _____ 10/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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 LATIMER, ANDREW B 4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LATIMER, ANDREW B 3912 DARTMOUTH AVE NORTH SAINT PETERSBURG, FL 33713	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LATIMER, LORI E 4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705	☑ 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	200061805:☐ Change ☐ Addition 11/22/05--01005--015 **150.00	
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 2005	☐ 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: _____ 10/16/05 813-624-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #