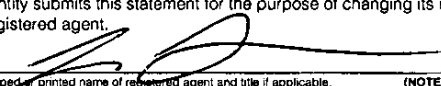


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

RECEIVED
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 4730 FIFTH STREET SOUTH ST. PETERSBURG, FL 33705 US			Mailing Address 4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705 US		
2. Principal Place of Business 3912 DARTMOUTH AVE N Suite, Apt. #, etc.		3. Mailing Address 3912 DARTMOUTH AVE N Suite, Apt. #, etc.			
City & State ST. PETERSBURG, FL Zip Country 33713 US		City & State ST. PETERSBURG, FL Zip Country 33713 US		10142005 REIN-LLC CR2E101 (6/04)	
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 LATIMER, LORI E 4730 5TH ST. SOUTH SAINT PETERSBURG, FL 33705	
7. Name and Address of New Registered Agent 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  DATE 10/16/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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	2000616058011/22/05--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	☐ 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: 			Date 10/16/05 Daytime Phone # 813-624-7540		