

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000007900	
1. Entity Name ROCKNICK ENTERTAINMENT HOLDINGS LLC	



**FILED**

08 APR -4 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 1210 NORTH Y STREET PENSACOLA, FL 32502	Mailing Address PO BOX 19077 PENSACOLA, FL 32523
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2. Principal Place of Business - No P.O. Box # 2355 West Michigan	3. Mailing Address
Suite, Apt. #, etc. Apt 13-D	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State
Zip 32506	Country Escambia

10232007 REIN-LLC CR2E101 (1/07)

4. FEI Number 59-3724385	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, MICHAEL 1210 NORTH Y STREET PENSACOLA, FL 32505	7. Name and Address of New Registered Agent Name: Michael Davis Street Address (P.O. Box Number is Not Acceptable): 2355 West Michigan Apt 13-D City: Pensacola FL Zip Code: 32506
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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: Michael Anthony Davis DATE: 1-15-08  
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, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCASTER, FREDERICK K 94 LAUREL RD BREWTON, AL 36426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000117316920 02/06/08--01042--008 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000117316920 04/17/08--01012--007 **172.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Frederick Lancaster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	1/15/08 251-867-6650 <small>Date Daytime Phone #</small>
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