

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000009178

FILED
Nov 10, 2004
Secretary of State

Entity Name: JAM OF JACKSONVILLE, LLC

Current Principal Place of Business:

1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

1350 AVE. OF THE AMERICAS
SUITE 1910
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 58-2658334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LANGLEY, MARCIA ESQ.
2255 GLADES ROAD
SUITE 419A
BOCA RATON, FL 33431 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MAEL, JOEL A
Address: 1350 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: MGRM () Delete
Name: MAEL, AYELET
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, JONATHAN
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, DANIELLA
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

Title: MGRM () Delete
Name: MAEL, JORDANA
Address: 90 WASHINGTON AVE
City-St-Zip: LAWRENCE, NY 11559

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL A. MAEL

MR.

11/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date