

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

2004 APR 29 PM 3:13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013309

Name and Mailing Address

0001619 01 AT 0.292 \*\*AUTO TB 0 0615 32207-861304



HIGH PITCHED HUM PRODUCTIONS LLC  
FOUR BROADCAST PLACE  
JACKSONVILLE FL 32207-8613



2. New Mailing Address

City, State, Zip

Principal Place of Business

FOUR BROADCAST PLACE  
JACKSONVILLE FL 32247

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/09/2001

6. FEI Number

59-3737903

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

FLYNN, DONALD J  
FOUR BROADCAST PLACE  
JACKSONVILLE FL 32247

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

900031757849

04/02/04--01079--002 \*\*200.00

City

FL

Zip Code

10. 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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date Apr 1 23, 2004

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FLYNN, DONALD J	FOUR BROADCAST PLACE	JACKSONVILLE FL 32247

**REINSTATEMENT** 2003-04

12. 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

*[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date 3-30-04

Daytime Phone # 9043989880

Typed or printed name of signing Managing Member/Manager