2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 23, 2009
Secretary of State

DOCUMENT# L02000001532

Entity Name: FASICA ENTERTAINMENT GROUP, LLC

Current Principal Place of Business:

100 SOUTH POINTE DRIVE, APT. 2201
MIAMI BEACH, FL 33139

New Principal Place of Business:

5020 BISCAYNE BLVD.
MIAMI, FL 33137 US

Current Mailing Address:

100 SOUTH POINTE DRIVE, APT. 2201
MIAMI BEACH, FL 33139

New Mailing Address:

5020 BISCAYNE BLVD.
MIAMI, FL 33137 US

FEI Number: 54-2064834 **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:

SALGADO, FABIO ALONSO
100 SOUTH POINTE DRIVE, APT. 2201
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BOZZA, GABRIELLE
5020 BISCAYNE BLVD.
MIAMI, FL 33137 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: GABRIELLE BOZZA 11/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SALGADO, FABIO ALONSO
Address: 8360 WEST FLAGLER ST., STE.200
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SALGADO, FABIO ALONSO
Address: 5020 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FABIO SALGADO MGR 11/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date