

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009844

1. Limited Liability Company's Name

Network News Source, L.L.C.

300025757583

12/24/03--01049--006 **150.00

2. Principal Office Address

3900 Woodlake Blvd.

Suite, Apt. #, etc.

Ste. 211

City & State

Greenacres, FL

Zip

33463

Country

USA

3. Mailing Office Address

3900 Woodlake Blvd.

Suite, Apt. #, etc.

Ste. 211

City & State

Greenacres, FL

Zip

33463

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4/22/2002

6. FEI Number

16-11673793

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

Name

Ronald Reis

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

3900 Woodlake Blvd.

Suite, Apt. #, Etc.

Ste. 211

City

Greenacres

State
FL

Zip Code

33463

9. 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 12-22-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of -Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
managing member	Ronald Reis	3900 Woodlake Blvd. Ste 211	Greenacres, FL 33463
managing member	Angelo Ketzamanis	3900 Woodlake Blvd. Ste 211	Greenacres, FL 33463

REINSTATEMENT

2003

11. 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]

Date 12-22-03

Daytime Phone #

561-649-5980

Typed or printed name of signing Managing Member/Manager

Ronald Reis

CR2E041 (10/02)