

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000010126

FILED
Nov 11, 2004
Secretary of State

Entity Name: DOODLE, L.L.C.

Current Principal Place of Business:

10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 04-3687795 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:

VERSTER, MARTYN W
10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

BAIRD, LISA A
10271 SUNSET DRIVE
SUITE 103
MIAMI, FL 33173 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: LISA A. BAIRD

11/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: BAIRD, LISA A
Address: 10271 SUNSET DRIVE #103
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Delete
Name: VERSTER, MARTYN W
Address: 10271 SUNSET DRIVE #103
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAIRD, LISA A
Address: 10271 SUNSET DRIVE #103
City-St-Zip: MIAMI, FL 33173

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: LISA A. BAIRD

MGR

11/11/2004

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