

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000017830

Name and Mailing Address

0006810 01 AT 0.292 **AUTO T6 0 0615 33156-628255



SPONSOR MUSIC, LLC
6955 SW 128TH STREET
MIAMI FL 33156-6282



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 07/15/2002

Principal Place of Business
6955 SW 128TH STREET
MIAMI FL 33156

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
14-1837497
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

9. Name and Address of New Registered Agent

ABITBOL, DAMIEN JACOB
6955 SW 128TH STREET
MIAMI FL 33156

Name

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

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 REQUIRED

Date 12-23-03

REGISTERED AGENT MUST SIGN

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	ABITBOL, DAMIEN JACOB	6955 SW 128TH STREET	MIAMI FL 33156
MGRM	SMALL, HEWAN	3325 MAJOR DENTON DR.	BELTSVILLE MD 20705

AL

SD3196900714
07/11/03--90026--046 **50.00

REINSTATEMENT

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 included 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 REQUIRED

Date 12-23-03 Daytime Phone # 612-287-2715

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)