

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018320

FILED
Nov 20, 2007
Secretary of State

Entity Name: BLUE TEAM ENTERTAINMENT, L.L.C.

Current Principal Place of Business:

780 NE 199TH STREET
106E
MIAMI, FL 33179

New Principal Place of Business:

780 NE 199TH STREET
E-106
MIAMI, FL 33179

Current Mailing Address:

780 NE 199TH STREET
106E
MIAMI, FL 33179

New Mailing Address:

780 NE 199TH STREET
E-106
MIAMI, FL 33179

FEI Number: 30-0101744 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:

GRAVIER, LEONARDO
201 ALHAMBRA CIRCLE
901
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: LEONARDO GRAVIER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURSZTYN, GABRIEL
Address: 780 NE 199TH STREET
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: PSEVOZNIK, ALVARO J
Address: 780 NE 199TH STREET
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PSEVOZNIK, ALVARO J
Address: 780 NE 199TH STREET
City-St-Zip: MIAMI, FL 33179

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: GABRIEL BURSZTYN

MGRM

11/20/2007

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