

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000026906

Entity Name: MARLOW PRODUCTIONS, L.L.C.

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

1733 FARMINGTON CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1733 FARMINGTON CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 06-1651484 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:

Name and Address of New Registered Agent:

MARLOW, JODY
1733 FARMINGTON CIR.
WELLINGTON, FL 33414 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: JODY MARLOW

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARLOW, JODY
Address: 1733 FARMINGTON CIR.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: MARLOW, EARLEEN
Address: 1733 FARMINGTON CIR.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: MARLOW, VALEN
Address: 1733 FARMINGTON CIR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

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

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

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: JODY MARLOW

MGR

10/24/2008

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