L02000027499

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -4 AM 11:30

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12/07/09--01003--001 **655.00
CR2E041 (10/08)

DOCUMENT # L02000027499

1. Limited Liability Company's Name
Lance Bass Productions, LLC

W09-52936

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
130 N. Brand Blvd	130 N Brand Blvd
Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400
City & State Glendale, CA	City & State Glendale, CA
Zip 91203 Country USA	Zip 91203 Country USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 10/17/02

6. FEI Number: 04-3717755 ☐ 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: James Lance Bass

Street Address (P.O. Box Number is Not Acceptable): 7680 Universal Blvd.

Suite, Apt. #, Etc.: 500

City: Orlando State: FL Zip Code: 32819

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 11/30/09

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
MGRM	James L Bass	130 N. Brand Blvd Ste 400	Glendale, CA 91203
MGRM	Diane Bass	104 W. Easthaven Circle	Brandon, MS 39042
	FF $655		
		REINSTATEMENT 12-09 - Lwt	

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 11/30/09 Daytime Phone # 818-547-2460

Typed or printed name of signing Managing Member/Manager: James Lance Bass