16.4

Typed or printed name of signing Managing Member/Manager

	PLEASE READ	ALL INSTRUC	ПО	NS BEFC	ORE CO	OMPL	EIIN	IG II	115 F	ORIA) .			
COMPA	FLORIDA DEPARTMENT OF ST COMPANY Secretary of State DIVISION OF CORPORATIONS						2004 SEP 30 PM 2: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
DOCUMEN 1. Limited Liability Co	ompany's Name						·							
IMAGI	NATION SQUARE	S, LLC												
2. Principal Office Ad 168 SE 1	3. Mailing Office Add	Aailing Office Address 8 SE 1st Street				e/Countr	of Form	nation	_					
Suite, Apt. #, etc. SUITE 11	Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 1102			4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 10/18/02									
City & State MIAMI, FL		City & State MIAMI, FL				6. FEI Number Applied						d For		
Zip Country USA		^{Zip} 33131	C	Country USA							_	e required		
Suite, A	VERUSKA VASO Address (P.O. Box Number is N 168 SE 1st S Apt. #, Etc. SUITE 1102 MIAMI I the registered agent of the above	Not Acceptable)			r with and a	ccept the	obligatio		Zip C 33 ** napter 60	1 3 1 8, F.S.	04			
10. Names and Stre		Street Address of Each				City / State / Zip								
MGRM VER	Managing Members/Manag	z 23	33	BRICKI 2415		VE			MI, 141 -0101	FL 52	331. 53	-	.00	
					h in dead		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE			0	3.0	27.	
filing this reinstat	3/	or dissolution has been eli	minate	ed, the limited lia idicated on this	bility compa	any name s true and	satisfies I accurat	the requ e, and m	iirements y signatu	of section	on 608,40 have the	6, F.S., ar same lega	nd that al effect	

VERUSKA VASCONEZ