PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 21 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029966

1. Limited Liability Company's Name

ECUADORIAN TV NETWORK, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3700 ALCANTARA AVE., COSTA DEL SOL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33178 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA/ MIAMI-DADE

5. Date Organized or Qualified To Do Business In Florida: 11-08-2002

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: X $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

DANIEL J. SERBER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191 STREET

Suite, Apt. #, Etc.: 901

City: AVENTURA State: FL Zip Code: 33180

☑ 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 _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	MARCEL RIVAS	3700 ALCANTARA AVE., COSTA DEL SOL	MIAMI, FL 33178
			000089030070 02/23/07--01007--019 **200.00
			000089030070 02/23/07--01007--020 **5.00
			REINSTATEMENT 04-07

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 X _____ Date 16/02/07 Daytime Phone # (305) 593-0312

Typed or printed name of signing Managing Member/Manager MARCEL RIVAS