

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 19 AM 10:22

<b>DOCUMENT # L02000033083</b>	
1. Entity Name <b>ARTIST MANAGEMENT ENTERPRISES, LLC</b>	



Principal Place of Business <b>1963 NE 147TH ST NORTH MIAMI, FL 33181</b>	Mailing Address <b>1963 NE 147TH ST NORTH MIAMI, FL 33181</b>
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2. Principal Place of Business <b>811 NE 199th St Suite, Apt. #, etc. 105 City &amp; State Miami, FL Zip 33179 Country USA</b>	3. Mailing Address <b>811 NE 199th St Suite, Apt. #, etc. 105 City &amp; State Miami, FL Zip 33179 Country USA</b>
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06062005 REIN-LLC	CR2E101 (6/04)
4. FEI Number <b>04-3728625</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>PADILLA, JONATHAN 1963 NE 147TH ST NORTH MIAMI, FL 33181</b>	7. Name and Address of New Registered Agent Name <b>Jonathan Padilla</b> Street Address (P.O. Box Number is Not Acceptable) <b>811 NE 199th St #105</b> City <b>Miami</b> FL Zip Code <b>33179</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **10/17/2005**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PADILLA, JONATHAN</b>		NAME <b>Jonathan Padilla</b>	
STREET ADDRESS <b>1963 NE 147TH ST</b>		STREET ADDRESS <b>811 NE 199th St #105</b>	
CITY-ST-ZIP <b>NORTH MIAMI, FL 33181</b>		CITY-ST-ZIP <b>Miami FL 33179</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>300060775873</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b>10/19/05--01053--014 **200.00</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>REINSTATEMENT 2005</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 DATE **10/17/2005** 305.474-1453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE