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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 OCT 17 PM 1:22 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # 02000033227					
1. Limited Liability Company's Name ALTER ENTERTAINMENT Group LLC					
2. Principal Office Address 247 23rd ST Suite, Apt. #, etc. City & State Miami Beach FL Zip 33139 Country USA		3. Mailing Office Address 2100 N. Ocean Blvd Suite, Apt. #, etc. 2801 City & State Ft Lauderdale FL Zip 33305 Country USA		4. State/Country of Formation FL / USA 5. Date Organized or Qualified To Do Business in Florida 12/11/2002 6. FEI Number 04-3728068 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name INCORPORATE USA INC. Street Address (P.O. Box Number is Not Acceptable) 3150 Sandy Ridge DR Suite, Apt. #, Etc. City Chowatan FL 33761 State FL Zip Code					
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 10-15-03 REGISTERED AGENT MUST SIGN					
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	
MGR	MARIO SOPENA	2100 N Ocean Blvd DH28 Ft Lauderdale		FL 33305	
MGR	Rudolf Pieper	1233 Collins Ave #C		Miami Beach FL 33139	
MGR	Michael Storms	1500 Bay Rd # 438		Miami Beach FL 33139	
REINSTATEMENT 2003					
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 Date 10-15-03 Daytime Phone # 954-298 6940 Typed or printed name of signing Managing Member/Manager MARIO SOPENA					

CR2E041 (10/02)