


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>LO2000034494</u>			
<b>1. Limited Liability Company's Name</b> LHV Music Services, LLC			
<b>2. Principal Office Address</b> 4206 Tall Tree Drive Suite, Apt. #, etc. City & State Orlando, FL Zip 32810		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State City & State Zip Country	
<b>4. State/Country of Formation</b> Florida		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12-23-02	
<b>6. FEI Number</b> 81-0627756		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

FILED

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STATE  
TALLAHASSEE FLORIDA

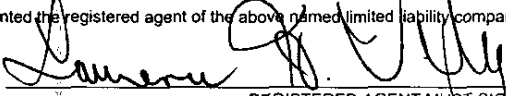
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<b>8. Name and Address of Current Registered Agent</b>			
Name Laurence H Vexler			
Street Address (P.O. Box Number is Not Acceptable) 4206 Tall Tree Drive			
Suite, Apt. #, Etc. City Orlando			
State FL		Zip Code 32817	

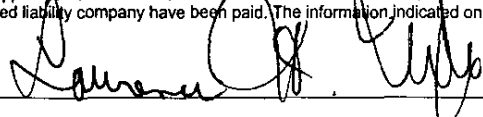
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<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b>	
Signature of Registered Agent 	Date 04/30/04
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Laurence H. Vexler	4206 Tall Tree Drive	Orlando, FL 32817

2003-  
2004

REINSTATEMENT

<b>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.</b>			
Signature of Managing Member/Manager 	Date 04/30/04	Daytime Phone # 407-295-3565	
Typed or printed name of signing Managing Member/Manager Laurence H Vexler			

CR2E041 (10/02)