

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# L03000001543

Entity Name: IMAGESOURCE, LLC

Current Principal Place of Business:

C/O BERGER SINGERMAN, P.A.
350 EAST LAS OLAS BLVD., STE. 1000
FT LAUDERDALE, FL 33301

New Principal Place of Business:

9 SE 9TH AVENUE
SUITE 1
FT LAUDERDALE, FL 33301 US

Current Mailing Address:

C/O BERGER SINGERMAN, P.A.
350 EAST LAS OLAS BLVD., STE. 1000
FT LAUDERDALE, FL 33301

New Mailing Address:

9 SE 9TH AVENUE
SUITE 1
FT LAUDERDALE, FL 33301 US

FEI Number: 02-0663796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD., STE. 1000
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD.
SUITE 1000
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE: NICK JOVANOVIĆ, VICE PRESIDENT

10/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: IMAGESOURCE OF MEMPH, IS, LLC
Address: 9 NORTH 2ND STREET
City-St-Zip: MEMPHIS, TN 38103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TAYLOR W. BARBEE JR. MGR OF MEMBER

MGRM

10/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date