
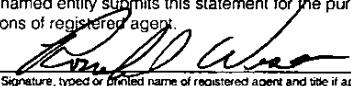
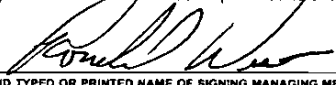


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:53

DOCUMENT # L03000003994 1. Entity Name COMING ATTRACTIONS, LLC			
Principal Place of Business 2500 KILDARE DRIVE CHULUOTA, FA 32766		Mailing Address 2500 KILDARE DRIVE CHULUOTA, FA 32766	
2. Principal Place of Business 2500 KILDARE DRIVE Suite, Apt. #, etc.		3. Mailing Address 2500 KILDARE DRIVE Suite, Apt. #, etc.	
City & State CHULUOTA, FL Zip 32766		City & State CHULUOTA, FL Zip 32766	
4. FEI Number 51-0453848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08162006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent MOON, WALTER R 200 NORTH PRIMROSE DRIVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name RONALD WEST Street Address (P.O. Box Number is Not Acceptable) 2500 KILDARE DRIVE City CHULUOTA FL 32766	
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 8-16-06	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, RONALD 2500 KILDARE DRIVE CHULUOTA, FA 32766	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNCH, JASON 2500 KILDARE DRIVE CHULUOTA, FA 32766	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 8-16-06 DAYTIME PHONE # 407-365-7655	