

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014611

Entity Name: PUNCHLINE MEDIA, LLC

FILED
Nov 07, 2007
Secretary of State

Current Principal Place of Business:

3061 NE 4TH AVENUE
SUITE B
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

3061 NE 4TH AVENUE
SUITE B
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 32-0190544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MESTRE, MARCIA
4141 N.W. 5TH STREET
SUITE 100
PLANTATION, FL 333172158 US

Name and Address of New Registered Agent:

DAVIS, L
3061 NE 4 AVE
WILTON MANORS, FL 33334 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: L. DAVIS

11/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CLIVE
Address: 3061 NE 4TH AVE.
City-St-Zip: WILTON MANORS, FL 33334

Title: MBR (X) Delete
Name: MESTRE, MARCIA
Address: 4141 NW 5TH ST.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, L
Address: 3061 NE 4TH AVE.
City-St-Zip: WILTON MANORS, FL 33334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: L DAVIS

MGRM

11/07/2007

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