

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000015901

FILED  
Oct 31, 2004  
Secretary of State

**Entity Name:** DOCTRINE PRODUCTIONS LLC

**Current Principal Place of Business:**

2314 KINGS CREST ROAD  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

2314 KINGS CREST ROAD  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

FEI Number: 02-0689855      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:**

**Name and Address of New Registered Agent:**

JERGENSEN, ALEX  
2314 KINGS CREST ROAD  
KISSIMMEE, FL 34744 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: JERGENSEN, ALEX C  
Address: 2314 KINGS CREST ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGR ( ) Change (X) Addition  
Name: ROWE, DEREK C  
Address: 1994 SIR LANCELOT CIRCLE  
City-St-Zip: ST. CLOUD, FL 34741 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: ALEX JERGENSEN

MGR

10/31/2004

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