2004-2005 Reinstatement

2005 LIMITED LIABILITY COMPANY
~~REINSTATEMENT~~

DOCUMENT # L03000022517

1. Entity Name
MEDIA ZONE LLC

FILED
05 FEB -3 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2311 TUSCANY WAY BOYNTON BEACH, FL 33435	2311 TUSCANY WAY BOYNTON BEACH, FL 33435

02022005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
75 N.E. 4th Ave	P.O. Box 1130
Suite, Apt. #, etc.: #2B	Suite, Apt. #, etc.:
City & State: Delray Beach FL	City & State: Boynton Beach FL
Zip: 33483 Country: USA	Zip: 33425 Country: USA

4. FEI Number: 32-0083044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUART, SARAH 1323 VILLA LANE BOYNTON BEACH, FL 33435	Name: SARAH MARQUART Street Address (P.O. Box Number is Not Acceptable): 27 Douglas Drive City: Ocean Ridge FL Zip Code: 33435

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 _____ Feb 2, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Roberto Chan 17526 S.W. 29th St. Miramar FL 33029 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner MGRM Sarah Marquart 27 Douglas Drive Ocean Ridge FL 33435 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Lawrence Clark 2311 Tuscany Way Boynton Beach FL 33435 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2004-2005 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100046035911 02/07/05--01035--005 **105.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SARAH MARQUART 2.8.05 561-272-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #