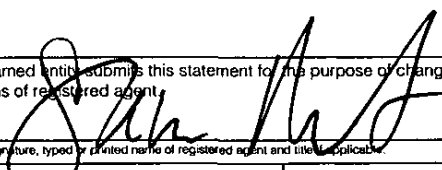
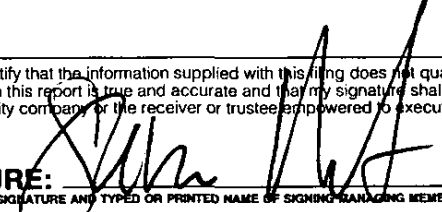


2004-2005 Reinstatement

2005 LIMITED LIABILITY COMPANY

REINSTATEMENT

DOCUMENT # L03000022517					
1. Entity Name MEDIA ZONE LLC					
Principal Place of Business 2311 TUSCANY WAY BOYNTON BEACH, FL 33435			Mailing Address 2311 TUSCANY WAY BOYNTON BEACH, FL 33435		
2. Principal Place of Business 75 N.E. 4th Ave		3. Mailing Address P.O. Box 1130		FILED 05 FEB -3 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA  02022005 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc. #208		Suite, Apt. #, etc.			
City & State Delray Beach FL		City & State Boynton Beach FL			
Zip 33483		Zip 33425			
Country USA		Country USA		4. FEI Number 32-0083044	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARQUART, SARAH 1323 VILLA LANE BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent 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 time applicable. (NOTE: Registered Agent signature required when reinstating)					
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	100046085911 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 2-8-05 272-0900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		