

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026130

Entity Name: E MAGAZINE, LLC

FILED  
Aug 13, 2005  
Secretary of State

**Current Principal Place of Business:**

4500 EXECUTIVE DRIVE  
SUITE 320  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

4500 EXECUTIVE DRIVE  
SUITE 320  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

QUAILMARK BOOKS, LLC  
4500 EXECUTIVE DRIVE  
SUITE 320  
NAPLES, FL 34119 US

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

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ.

08/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: QUAILMARK BOOKS, LLC,  
Address: 4500 EXECUTIVE DRIVE, SUITE 320  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: QUAILMARK BOOKS, L.L., .C.  
Address: 4500 EXECUTIVE DRIVE, SUITE 320  
City-St-Zip: NAPLES, FL 34119 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: THOMAS G. BROWN

MGRM

08/13/2005

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