

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026789

Entity Name: AIMEDIA SOLUTIONS, LC

FILED  
Oct 30, 2008  
Secretary of State

**Current Principal Place of Business:**

631 OLD HICKORY BOULEVARD  
OLD HICKORY, TN 37138 US

**New Principal Place of Business:**

**Current Mailing Address:**

631 OLD HICKORY BOULEVARD  
OLD HICKORY, TN 37138 US

**New Mailing Address:**

FEI Number: 41-2104428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

GATES, WILLIAM R  
284 NW 46TH ST.  
BOCA RATON, FL 33431 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: WILLIAM R. GATES

10/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GATES, WILLIAM R  
Address: 637 NW 12TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM ( ) Delete  
Name: OLIVER, JIM  
Address: 5000 SUNSHINE DRIVE  
City-St-Zip: NASHVILLE, TN 37013 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GATES, WILLIAM R  
Address: 284 NW 46TH ST.  
City-St-Zip: BOCA RATON, FL 33431 US

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: WILLIAM R. GATES

MGRM

10/30/2008

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