2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000028020

Entity Name: HALFTIME ENTERPRISES LLC

FILED Jun 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6565 BEACH BLVD. STE 41 3537 HARTSFIELD ROAD JACKSONVILLE, FL 32216 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

6565 BEACH BLVD. STE 41 3537 HARTSFIELD ROAD JACKSONVILLE, FL 32216 TALLAHASSEE, FL 32303

FEI Number: 20-0779722 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:

MONTGOMERY, LARRY

142 CESSNA DR

6807 TAMRA LANE

YULE, FL 32097 US JACKSONVILLE, FL 32216 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: WILFORD MCCORMICK 06/27/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LB GRACE, Name: LB GRACE,

Address: 6565 BEACH BOULEVARD, SUITE 41 Address: 6999-02 MERRILL ROAD, #299
City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32277

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: WILFORD MCCORMICK AGEN 06/27/2007