

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000035988

FILED  
May 21, 2009  
Secretary of State

Entity Name: QUEVEDO MEDIA GROUP, LLC

**Current Principal Place of Business:**

829 REGENCY RESERCE CIR  
STE 3603  
NAPLES, FL 34119

**New Principal Place of Business:**

**New Mailing Address:**

116 ESTUARY DR  
VERO BEACH, FL 32963

**Current Mailing Address:**

829 REGENCY RESERCE CIR  
STE 3603  
NAPLES, FL 34119

FEI Number: 20-1326504      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:**

QUEVEDO, KATHERINE  
4655 PEBBLE BAY SOUTH  
VERO BEACH, FL 32963      US

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

QUEVEDO, KATHERINE  
116 ESTUARY DR.  
VERO BEACH, FL 32963      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: KATHERINE QUEVEDO

05/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: QUEVEDO, KATHERINE  
Address: 4655 PEBBLE BAY SOUTH  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: QUEVEDO, KATHERINE  
Address: 116 ESTUARY DR  
City-St-Zip: VERO BEACH, FL 32963

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: KATHERINE QUEVEDO

MGRM

05/21/2009

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