

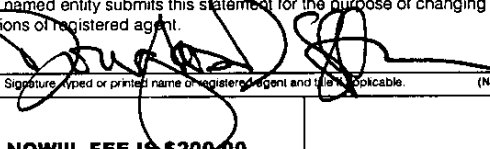



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 10:49

DOCUMENT # L03000037041 1. Entity Name BUSINESS CLASS MEDIA, LLC					
Principal Place of Business 1111 LINCOLN ROAD SUITE #823 MIAMI BEACH, FL 33139			Mailing Address 1111 LINCOLN ROAD SUITE #823 MIAMI BEACH, FL 33139		
2. Principal Place of Business 407 Lincoln Road, #2A		3. Mailing Address 407 Lincoln Road, #2A			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05312006 REIN-LLC CR2E101 (11/05)	
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 80-0080450	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIVNER, JACOB J 1177 KANE CONCOURSE SUITE 232 BAY HARBOR ISLANDS, FL 33154				7. Name and Address of New Registered Agent Name Douglas D. Stratton Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road, Suite 2A City Miami Beach FL Zip Code 33139	
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  <small>Signature typed or printed name of registered agent and title, if applicable.</small>				DATE 6/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FABER, JAMES P 1111 LINCOLN ROAD MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peter Mansfield 407 Lincoln Road, No. 2a Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Allison Hargreaves 407 Lincoln Road, No. 2A Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James P. Faber 407 Lincoln Road, No. 2a Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400076364304 06/20/06--01014--003 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 6/1/06 <small>Daytime Phone #</small>	