


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 MAR -4 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000038460</b>					
1. Entity Name <b>TME REAL ESTATE, LLC</b>					
Principal Place of Business <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064</b>			Mailing Address <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>Ms. Kaleen Farrell</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>20929 Ventura Blvd. #47-256</b>			
City & State		City & State <b>Woodland Hills, California</b>			
Zip	Country	Zip	Country	02072008 REIN-LLC CR2E101 (1/07)	
Zip	Country	Zip	Country	4. FEI Number <b>73-1697245</b>	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., STE. 1000 (MRH) ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 <b>J. Gregory Humphires, VP</b> <i>J. Gregory Humphires</i> <b>February 8, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GRABOW, ELISSA MANAGER</b> <b>12100 W. OLYMPIC BLVD., SUITE 400</b> <b>LOS ANGELES, CA 90064</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>100119941581</b>  <b>03/11/08--01015--006 **277.50</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2007-2008

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: *Elissa Grabow* **2/20/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #