


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000038463</b> 1. Entity Name <b>TME MULTI-FAMILY, LLC</b>				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>08 MAR -4 PM 2:46</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)</b> <b>12100 W. OLYMPIC BLVD., SUITE 400</b> <b>LOS ANGELES, CA 90064 US</b>		Mailing Address <b>WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY)</b> <b>12100 W. OLYMPIC BLVD., SUITE 400</b> <b>LOS ANGELES, CA 90064 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>Ms. Kaleen Farrell</b> Suite, Apt. #, etc. <b>20929 Ventura Blvd. #47-256</b> City & State <b>Woodland Hills, California</b> Zip Country <b>91364 US</b>		02072008 REIN-LLC CR2E101 (1/07) 4. FEI Number <b>65-1206982</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>REIN</b> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF ORLANDO</b> <b>300 S. ORANGE AVE., STE. 1000 (MRH)</b> <b>ORLANDO, FL 32801</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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. <b>J. Gregory Humphries, VP</b> SIGNATURE <i>J. Gregory Humphries</i> February 8, 2008 <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>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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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
<div style="text-align: center;"> <b>REINSTATEMENT 2007-2008</b> </div>					
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: <i>Elissa Grabow</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>2/20/08</b> Daytime Phone #: <b>201 891 5425</b>	