L03000049706

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 PM 1:06

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000049706

1. Limited Liability Company's Name

MAIN LINE MEDIA, LLC

2005

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20165 NE 39th Place TSN	20165 NE 39th Place TSN
Suite, Apt. #, etc. c/o UMI of Florida, Inc.	Suite, Apt. #, etc. c/o UMI of Florida, Inc.
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country	Zip 33180 Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/03/03

6. FEI Number: 71-0957010 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:

400215548174
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mortner@lawabel.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Carol Glospie Date: 12/23/11

REGISTERED AGENT MUST SIGN Carol Glospie, Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	UMI OF FLORIDA, INC.	20165 NE 39th Place TSN	Aventura, FL 33180
MGRM	KILLER JOE PRODUCTIONS, INC.	801 Second Ave. - 19th Fl.	New York, NY 10017

REINSTATEMENT 2005-2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Kevin Troiano Date: 12/21/11 Daytime Phone # 646-658-7563

Typed or printed name of signing Managing Member/Manager: KILLER JOE PRODUCTIONS, INC. by KEVIN TROIANO, CFO