

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000051099

FILED  
Nov 04, 2004  
Secretary of State

Entity Name: BALLET ON ICE, LLC

**Current Principal Place of Business:**

291 BAL BAY DRIVE  
APT 303  
BAL HARBOUR, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

291 BAL BAY DRIVE  
APT 303  
BAL HARBOUR, FL 33154 US

**New Mailing Address:**

FEI Number: 47-0938132      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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MOSS, SEYMOUR L  
Address: 291 BAL BAY DRIVE, APT 303  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: GALLAGHER, PETER L  
Address: 296 ROUTE 284  
City-St-Zip: WANTAGE, NJ 07461 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER GALLAGHER

MGR

11/04/2004

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