

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003127

FILED
Nov 27, 2007
Secretary of State

Entity Name: OFFICIAL ENTERTAINMENT, LLC

Current Principal Place of Business:

10975 WEST BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

10975 WEST BROWARD BLVD.
PLANTATION, FL 33324 US

Current Mailing Address:

10975 WEST BROWARD BLVD.
PLANTATION, FL 33324

New Mailing Address:

4937 CASON COVE DR.
835
ORLANDO, FL 32811 US

FEI Number: 20-0619110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARBER, JACOB
10975 WEST BROWARD BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

GARBER, JACOB
4937 CASON COVE DR.
#835
ORLANDO, FL 32811 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: JACOB GARBER

11/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARBER, JACOB
Address: 10975 WEST BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33324

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARBER, JACOB
Address: 4937 CASON COVE DR. # 835
City-St-Zip: ORLANDO, FL 32811 US

Title: MGR () Change (X) Addition
Name: RICKETTS, DWIGHT
Address: 1035 W. SEAGATE DR.
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACOB GARBER

MGR

11/27/2007

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