

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 30, 2008
Secretary of State

DOCUMENT# L04000004252

Entity Name: JAX TRAXX STUDIOS LLC

Current Principal Place of Business:

8431 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

11731 PHILIPS HWY
UNIT 7
JACKSONVILLE, FL 32256 US

Current Mailing Address:

8431 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 US

New Mailing Address:

11731 PHILIPS HWY
UNIT 7
JACKSONVILLE, FL 32256 US

FEI Number: 20-0599977 **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:

COLLINS, SCOTT M
11529 COLLINS CREEK DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: SCOTT COLLINS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLINS, SCOTT M
Address: 11529 COLLINS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM () Delete
Name: GREEN, PHILIP E
Address: 178 SIXTH AVE SOUTH
City-St-Zip: JACKSONVILLE BEACK, FL 32250 US

ADDITIONS/CHANGES:

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

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

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: PHILIP GREEN

PRES

10/30/2008

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