

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 MAR 27 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

HOOT/WISDOM RECORDINGS, LLC

L04000017692

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 777 Glades Road		3. Mailing Office Address 777 Glades Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 3/5/2004	
6. FEI Number 201565200	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name Ludin, Jack B.		
Street Address (P.O. Box Number is Not Acceptable) 777 Glades Road		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33431

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Jack Ludin Date 3/7/08  
REGISTERED AGENT MUST SIGN

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
MGR	Ludin, Jack B.	777 Glades Road	Boca Raton, FL 33431
MGR	Zager, Michael J.	777 Glades Road	Boca Raton, FL 33431

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REINSTATEMENT OK

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.

Signature of Managing Member/Manager Jack Ludin Date 3/7/08 Daytime Phone # 561-297-3007  
Typed or printed name of signing Managing Member/Manager