2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 27, 2006
Secretary of State

DOCUMENT# L04000024934

Entity Name: MOHITZ ENTERTAINMENT ENTERPRISES LLC

Current Principal Place of Business:

P.O. BOX 14341
ST PETERSBURG, FL 33733 US

New Principal Place of Business:

2018 FIONA WAY
SPRING HILL, TN 37174 US

Current Mailing Address:

P.O. BOX 14341
ST PETERSBURG, FL 33733 US

New Mailing Address:

2018 FIONA WAY
SPRING HILL, TN 37174 US

FEI Number: 16-1696255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JOHNSON, CHRISTOPHER
2020 30TH SOUTH
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

AAGAP CONSULTING, INC
2400 MLK STREET SOUTH
SUITE C
ST PETERSBURG, FL 33705 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: GARY PONDER 11/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHNSON, CHRISTOPHER
Address: P.O. BOX 14341
City-St-Zip: ST PETERSBURG, FL 33733 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, CHRISTOPHER
Address: 2018 FIONA WAY
City-St-Zip: SPRING HILL, TN 37174 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER JOHNSON MGR 11/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date