2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000038685

Entity Name: HITS! ENTERTAINMENT SYSTEMS LLC

P O BXO 134ZOR DE AVILA

WINTER PARK, FL 32790

Address:

City-St-Zip:

FILED Sep 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4015 BAYSHORE BLVD TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** P O BOX 13092 TAMPA, FL 33681 FEI Number: 20-1171684 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: F & L CORP THE GREENLEAF BUILDING 200 LAURA STREET JACKSONVILLE, FL 322023510 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: RANDOLFE WOLFE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: MGR () Delete (X) Change () Addition PITZER, ROBERT KIER. ROBBIE Name: Name: 4301 S PINAL STREET Address: 2712 MICK CT Address: City-St-Zip: TUCSON, AZ 85739 City-St-Zip: NAMPA, ID 836871096 Title: MGR (X) Delete Title: () Change () Addition Name: STEVENS, MARK Name: Address: 4015 BAYSHORE BLVD. 7F Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition KIER, ROBBIE Name: Name: Address: 2712 MICK CT Address: City-St-Zip: NAMPA, ID 836871096 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: LYNCH, TIMOTHY Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBBI KIER MGR 09/21/2007