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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
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| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

FILED

06 NOV 30 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000053380

1. Limited Liability Company's Name

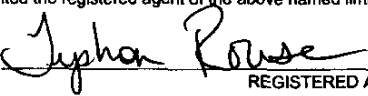
Rouse Entertainment, LLC

CR2E041 (8/05)

| | | | |
|--|--|--|--|
| 2. Principal Office Address 7259 Freedom Court Suite, Apt. #, etc. City & State Navarre, Florida Zip 32566 Country Santa Rosa | | 3. Mailing Office Address 7259 Freedom Court Suite, Apt. #, etc. City & State Navarre, Florida Zip 32566 Country Santa Rosa | |
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|---|---|
| 4. State/Country of Formation Florida/United States | |
| 5. Date Organized or Qualified To Do Business in Florida July 19, 2004 | |
| 6. FEI Number 51-0514716 | Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |


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|--|----------------------------------|
| 8. Name and Address of Current Registered Agent | |
| Name Tyshon Lamont Rouse | |
| Street Address (P.O. Box Number is Not Acceptable) 7259 Freedom Court | |
| Suite, Apt. #, Etc. | |
| City Navarre, Florida | State FL Zip Code 32566 |

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| 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  | Date 11-30-06 |
| 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 |
| Owner/President | Tyshon Lamont Rouse | 7259 Freedom Court | Navarre, Florida 32566 |
| | | | 700082210807 12/01/06--01043--007 **100.00 |
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REINSTATEMENT

05-06
11/30/06

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|---|------------------|---------------------------------|
| 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  | Date 11-30-06 | Daytime Phone # 850-939-7617 |
| Typed or printed name of signing Managing Member/Manager Tyshon Lamont Rouse | | |

To Whom it may Concern

2 of 2

Rouse Entertainment LLC did not receive a notice ~~for 2005~~
for 2005.

Jyphon Rouse

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SECURITY OF FLORIDA
TALLAHASSEE, FLORIDA