

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057593

FILED
Nov 14, 2009
Secretary of State

Entity Name: CHOKER MEDIA, LLC

Current Principal Place of Business:

4660 CHICADEE DRIVE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4660 CHICADEE DRIVE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 20-1442906 **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:

CHAPMAN, TOMMY L
4660 CHICADEE DRIVE
ORLANDO, FL 32812 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: TOM L CHAPMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAPMAN, TOMMY L
Address: 4660 CHICADEE DRIVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

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: TOM L CHAPMAN

MR

11/14/2009

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