

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**DOCUMENT # L04000058413**

1. Entity Name  
**FIVE PRODUCTIONS, LLC**



Principal Place of Business  
**19101 MYSTIC POINTE DRIVE, SUITE 1707  
AVENTURA, FL 33180**

Mailing Address  
**19101 MYSTIC POINTE DRIVE, SUITE 1707  
AVENTURA, FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042005 REIN-LLC

CR2E101 (8/04)

4. FEI Number  
**20-3562333**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301**

Name **CORPDIRECT AGENTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**515 E. Park Avenue**

City **Tallahassee**

FL

Zip Code  
**32301**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

*Ed Cary Asst. Secretary*

*10/19/05*

(NOT to be Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$100.00**

In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
**Amir Agai**  
**19101 Mystic Pointe Drive, Suite 1707**  
**Aventura, FL 33180**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500060923295**  
**10/25/05--01058--017 \*\*50.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2005**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone

*10/19/05*

**REINSTATEMENT**