

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000068263

1. Entity Name
Z1 MULTIMEDIA LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

Principal Place of Business
5551 ROSEHILL RD., #201
SARASOTA, FL 34233

Mailing Address
5551 ROSEHILL RD., #201
SARASOTA, FL 34233



2. Principal Place of Business
1002 Frances St.
Suite, Apt. #, etc.

3. Mailing Address
1002 Frances St.
Suite, Apt. #, etc.

10022006 REIN-LLC CR2E101 (11/05)

City & State
Nokomis, FL
Zip
34275 Country
Sarasota

City & State
Nokomis, FL
Zip
34275 Country
Sarasota

4. FEI Number
32-0126285
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VAZQUEZ, MARIO
5551 ROSEHILL RD #201
SARASOTA, FL 34233

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1002 Frances St.
City Nokomis FL Zip Code 34275

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VAZQUEZ, MARIO
5551 ROSEHILL RD., #201
SARASOTA, FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OXFORD, LORI
5551 ROSEHILL RD., #201
SARASOTA, FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000098225530
02/13/07--01035--012 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition
REINSTATEMENT 06-07

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Mario Vazquez

1/29/07