

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000085440

FILED
Oct 07, 2005
Secretary of State

Entity Name: PHOENIX INTERACTIVE GROUP LLC

Current Principal Place of Business:

3344 GATOR BAY CREEK BLVD.
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

3344 GATOR BAY CREEK BLVD.
SAINT CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 20-1941642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTTE, JASON R
3344 GATOR BAY CREEK BLVD.
SAINT CLOUD, FL 34772 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: JASON KOTTE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOTTE, JASON R
Address: 3344 GATOR BAY CREEK BLVD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM () Delete
Name: COLEMAN, JOSEPH P
Address: 581 BRANTLEY TERRACE WAY #207
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: TROTT, DONALD L
Address: 1913 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON KOTTE

MR

10/07/2005

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