

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000014751

Entity Name: MEADOW THEATRE GROUP, LLC

FILED
Oct 13, 2006
Secretary of State

Current Principal Place of Business:

7426 HEATHLEY DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7426 HEATHLEY DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

MEADOW, JOSHUA
901 NW 85TH TERRACE
APARTMENT 1410
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MEADOW, JOSHUA
7426 HEATHLEY DRIVE
LAKE WORTH, FL 33467 US

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: JOSHUA MEADOW

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEADOW, JOSHUA
Address: 901 NW 85TH TERRACE, APARTMENT 1410
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: MEADOW, ALEX
Address: 7426 HEATHLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEADOW, JOSHUA
Address: 97426 HEATHLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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 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: JOSHUA MEADOW

MR

10/13/2006

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