

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000016445

FILED
Oct 15, 2008
Secretary of State

Entity Name: DIRT FLO ENTERTAINMENT L.L.C.

Current Principal Place of Business:

39132 COUNTY ROAD 54
2254
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

3508 N. 12TH ST.
TAMPA, FL 33605

Current Mailing Address:

P.O.BOX 451
ZEPHYRHILLS, FL 33539

New Mailing Address:

5389 SOUTH KIRKMAN RD.
103-205
ORLANDO, FL 32819

FEI Number: 52-2452842 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

JACKSON, MICHAEL J
39132 COUNTY ROAD 54
2254
ZEPHYRHILLS, FL 33542 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: MICHAEL JACKSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: AGATE, NEIL
Address: 2379 HUNTINGTON GREEN COURT
City-St-Zip: ORLANDO, FL 32839

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

Title: MGRM () Delete
Name: JOHNSON, LAWRENCE C
Address: 1849 BUCHANAN BAY CIRCLE APT 108
City-St-Zip: ORLANDO, FL 32839

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: NEIL AGATE

MGR

10/15/2008

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