

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000017492

Entity Name: WHISTLER MEDIA LLC

FILED
Oct 16, 2006
Secretary of State

Current Principal Place of Business:

2115 MADEIRA DR.
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2115 MADEIRA DR.
WESTON, FL 33327

New Mailing Address:

FEI Number: 43-2076006 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:

WHISTLER, GUY
11361 SW 64 ST
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

WHISTLER, GUY
2115 MADEIRA DR
WESTON, FL 33327 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: GUY P WHISTLER

10/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHISTLER, GUY
Address: 11361 SW 64 ST
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: WHISTLER, MARY
Address: 11361 SW 64 ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHISTLER, GUY
Address: 2115 MADEIRA DR
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: WHISTLER, MARY
Address: 2115 MADEIRA DR
City-St-Zip: WESTON, FL 33327

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: GUY P WHISTLER

MGRM

10/16/2006

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