

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000019404

FILED
Dec 17, 2007
Secretary of State

Entity Name: F.U.P. MOB PRODUCTIONS, LLC

Current Principal Place of Business:

10 SW RIVER DR
STE 913
MIAMI, FL 33130 US

New Principal Place of Business:

18101 COLLINS AVE
#1903
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

10 SW RIVER DR
STE 913
MIAMI, FL 33130 US

New Mailing Address:

18101 COLLINS AVE
#1903
SUNNY ISLES BEACH, FL 33160 US

FEI Number: **FEI Number Applied For (X)** **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:

LASTER, REALITY
1943 NE 148TH ST
N MIAMI, FL 331811162 US

Name and Address of New Registered Agent:

LASTER, REALITY
18101 COLLINS AVE
#1903
SUNNY ISLES BEACH, FL 33160 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: REALITY LASTER

12/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LASTER, REALITY
Address: 1943 NE 148TH ST
City-St-Zip: N MIAMI, FL 331811162 US

Title: MGRM () Delete
Name: TYRONE, BYERS
Address: 10 SW RIVER DR STE 913
City-St-Zip: MIAMI, FL 33130 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LASTER, REALITY
Address: 18101 COLLINS AVE #1903
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM (X) Change () Addition
Name: TYRONE, BYERS
Address: 18101 COLLINS AVE #1903
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Change (X) Addition
Name: POPELIK, ASHLEY
Address: 18101 COLLINS AVE #1903
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: REALITY LASTER

MGRM

12/17/2007

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