

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000034459 1. Entity Name TME ENDORSEMENTS, LLC				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);"> FILED 08 MAR -4 PM 2:46 SECRETARY OF STATE TALAHASSEE, FLORIDA </div>	
Principal Place of Business WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064		Mailing Address WASSERMAN MEDIA GROUP (ATTN: TIMOTHY HOY) 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Ms. Kaleen Farrell. Suite, Apt. #, etc. 20929 Ventura Blvd, #47-256			
City & State Zip Country		City & State Woodland Hills, California Zip 91364 Country US		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired REIN-LLC CR2E101 (1/07)				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (MRH) ORLANDO, FL 32801-5403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>J. Gregory Humphries, VP</u> <i>J. Gregory Humphries</i> February 8, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRABOW, ELISSA 12100 W. OLYMPIC BLVD., SUITE 400 LOS ANGELES, CA 90064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 100119941901 03/11/08--01015--008 **277.50 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> REINSTATEMENT 2007-2008 </div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Elissa Grabow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/20/08</u> 201391 5626 <small>Date Daytime Phone #</small>		