

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035999

Entity Name: AOI MEDIA, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

11 WEST UNIVERSITY AVE., SUITE 85
GAINESVILLE, FL 32601

New Principal Place of Business:

1227 W UNIVERSITY AVE
GAINESVILLE, FL 32601

Current Mailing Address:

11 WEST UNIVERSITY AVE., SUITE 85
GAINESVILLE, FL 32601

New Mailing Address:

20 SW 6TH STREET
UNIT 208
GAINESVILLE, FL 32601

FEI Number: 59-1184736 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:

BOWMAN, JASON
3102 SW 5TH CT
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

BOWMAN, JASON
20 SW 6TH STREET
UNIT 208
GAINESVILLE, FL 32601 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: JASON BOWMAN

03/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWMAN, JASON
Address: 3102 SW 5TH CT.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWMAN, JASON
Address: 20 SW 6TH STREET, UNIT 208
City-St-Zip: GAINESVILLE, FL 32601

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: JASON BOWMAN

MGMR

03/06/2008

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