PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 10 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000050794

1. Limited Liability Company's Name
L4 Media Group LLC

CR2E041 (1/14)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
200 S. Wacker Drive	c/o SKTY Trading
Suite, Apt #, etc.	Suite, Apt #, etc.
Ste. 2400	PO Box 6267
City & State	City & State
Chicago, IL	Chicago, IL
Zip / Country	Zip / Country
60606 / usa	60606-0267 / usa

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida 5/17/2005
5/17/2005 5/17/2005

6. FEI Number
841679094
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P O Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt #, Etc

City: Plantation | State: FL | Zip Code: 33324

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11/10/14--01046--003 **243.75

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F S

Signature of Registered Agent Kristin Bolden Assistant Secretary Date 11-7-14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Rick Ehrman	60 Settlers Court	Chanhassen, MN 55317
AR	Scott J. Saldana	11 E. Walton St. #5500	Chicago, IL 60611
AR	Randall Green	100 S. Birch Road #2903	Ft. Lauderdale, FL 33316

11. E-mail Address kdulan@sktytrading.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605 0012, F S , and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s 817.155, F.S

Signature of Authorized Representative/Manager Scott J Saldana Date 11-6-14 Daytime Phone # 847-736-6549

Typed or printed name of signing Authorized Representative/Manager