2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 05, 2007
Secretary of State

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Entity Name: SEVENDUST TOURING, LLC

Current Principal Place of Business:

20283 STATE ROAD 7, SUITE 217
BOCA RATON, FL 33498

New Principal Place of Business:

2409 21ST AVENUE
SUITE 202
NASHVILLE, TN 37212 US

Current Mailing Address:

20283 STATE ROAD 7, SUITE 217
BOCA RATON, FL 33498

New Mailing Address:

P.O. BOX 121228
NASHVILLE, TN 37212 US

FEI Number: 20-3356395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLT, JENNIFER
20283 STATE ROAD 7, SUITE 217
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER F.AULTMAN 12/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONNOLLY, JOHN
Address: 2633 SLAGROVE COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete
Name: WITHERSPOON, LAJON
Address: 7846 OAK GROVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: HORNSBY, VINCENT
Address: 3340 WELLBROOK DR
City-St-Zip: LOGANVILLE, GA 30052

Title: MGRM ( ) Delete
Name: ROSE, MORGAN
Address: 43032 GARDNER DR
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WITHERSPOON, LAJON
Address: 6319 MAGNOLIA CT
City-St-Zip: DOUGLASVILLE, GA 30135 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ROSE, MORGAN
Address: 1752 LIBERTY LANE
City-St-Zip: ROSWELL, GA 30075 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: JOHN CONNOLLY MGRM 12/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date