## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000100229

KEYS, RONALD M

4041 NE 31ST AVENUE

LIGHTHOUSE POINT, FL 33064

Name:

Address:

City-St-Zip:

Entity Name: SLAPSHOT PUBLICATIONS, LLC

FILED Oct 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2544 SW 15TH STREET DEERFIELD BEACH, FL 33442 **Current Mailing Address: New Mailing Address:** 2544 SW 15TH STREET DEERFIELD BEACH, FL 33442 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: KUPFER, PAUL H 5541 UNIVERSITY DRIVE 103 CORAL SPRINGS, FL 33071 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: MICHAEL ANTONEVICH Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ANTONEVICH, MICHAEL Name: Name: 2544 SW 15TH STREET Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CARLIN, IRA W Name: Address: 7940 N. NOB HILL ROAD #101 Address: City-St-Zip: TAMARAC, FL 33351 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HARRIS, RYAN Name: Name: Address: 7848 NW 71ST WAY Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL ANTONEVICH MGRM 10/08/2007