2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED DOCUMENT # L05000103567 2006 OCT 31 PM 2: 21 HEATHER PAYNE PRODUCTIONS LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3970 MCCLELLAN ROAD 3970 MCCLELLAN ROAD PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address 9316 Bell Ridge Drive 9316 Bell Ridge Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 10112006 REIN-LLC CR2E101 (11/05) City & State Pensacola, FL City & State 4. FEI Number Applied For Pensacola, FL 20-3714002 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 32526 USA 32526 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Heather Boyd Rowell A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD **QUINCY, FL 32351** 9316 Bell Ridge Drive City Pensacola 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 obligation of registered agent. Heather Boyd Rowell 10/11/06 (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Addition ☐**X** Delete **MGRM** Change TITLE NAME PAYNE, HEATHER B NAME Rowell, Heather Boyd 9316 Bell Ridge Drive STREET ADDRESS STREET ADDRESS 3970 MCCLELLAN ROAD CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP <u>Pensacola, FL 32526</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 900081390909 10/31/06--01057--017 **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF STENING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE