

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000106124

**FILED**  
**Mar 20, 2010**  
**Secretary of State**

**Entity Name:** ISLANDS PUBLISHING LLC

**Current Principal Place of Business:**

407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 121674  
WEST MELBOURNE, FL 329121674 US

**New Mailing Address:**

P.O. BOX 120039  
WEST MELBOURNE, FL 32912 US

**FEI Number:** 68-0616672      **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:**

**Name and Address of New Registered Agent:**

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 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: FRANK BRUNN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BLAKE, LORRAINE  
**Address:** P.O. BOX 120039  
**City-St-Zip:** WEST MELBOURNE, FL 32912 US

I hereby 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: LORRAINE BLAKE

MNGR

03/20/2010

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