

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000006766

FILED
Oct 05, 2007
Secretary of State

Entity Name: IT'S WRITTEN PRODUCTIONS, LLC

Current Principal Place of Business:

3557 N.W. 31 STREET
MIAMI, FL 33142

New Principal Place of Business:

8944 S.W. 225 STREET
MIAMI, FL 33190

Current Mailing Address:

3557 N.W. 31 STREET
MIAMI, FL 33142

New Mailing Address:

8944 S.W. 225 STREET
MIAMI, FL 33190

FEI Number: 04-3844013 **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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CARLOS QUINONES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINONES, CARLOS
Address: 3557 N.W. 31 STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUINONES, CARLOS
Address: 8944 S.W. 225 STREET
City-St-Zip: MIAMI, FL 33190

Title: MGR () Change (X) Addition
Name: VILLAVICENCIO, FARY
Address: 8944 S.W. 225 STREET
City-St-Zip: MIAMI, FL 33190

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: CARLOS QUINONES

MGR

10/05/2007

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