2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000011934 1. Entity Name DIY MOTION PICTURES LLC							SECRETARY OF STATE DIVISION OF CORPORATIONS 07 OCT -8 PM 2:41					
Principal Plac 9500 SW 3R 224-A BOCA RATON	D ST I, FL 33428	3	Mailing Address 9500 SW 3RD ST 224-A BOCA RATON, FL 33428				I IBBUBU B	II AAIIA B MN BBNR S				
2. Principal P	$\omega c c$	ness - No.P.O. Box #	3. Mailing Address WK3 SW WG Avc Suite, Apt. #, etc.			2	110011011					
Div & State RATON FL			City State A TATON F			_	4. FEI Numb	REIN-LLO		<u> </u>	oplied For	
334	Zip Country 33128 Country		2ig 35 428	Count			5. Certificate of Status Des			\$5.00 Add		
	6. Name	and Address of Current R	tegistered Agent			1	7. Name and	d Address of	New Regis	tered Agent		
RODRIGUEZ, JERRY						Name Derek Ruccio						
9500 SW 3 224-A		20.400	Street Address			Jaress (F	(P.O. Box Number is Not Acceptable)					
BOCA RA	ION, FL .	33428	City D			P200	S3 SW 66- Are 3111 CA FATON FL Zip Gods J28					
The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.									e of Florida.).	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE DATE Oct 2 76 5 7												
After Janua		FEE IS \$50.00 S, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S. liability company did not receive the prior			F.S., the	e limited ice.	F		neck payable to partment of Stat	e .	
9.	1	MANAGING MEMBER		10.	· · ·			ADDIT	IONS/CHA	ANGES		
TITLE NAME	CEO PUCCIO,	DEDEK	Delete TITLE							☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9500 SW	3RD ST 224-A 3TON, FL 33428		ET ADDRESS - ST- ZIP		700110469617 19/08/0701014015 **50.00						
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indicated	on this repoi	e information supplied with to the strue and accurate and the environment of the structure	hat my signature shall have	the same	e legal effec	ct as if ma	ade under oatl	n: that I am a	es. I further managing r	r certify that the info member or manage	rmation er of the	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayting Phone 8												