FROM :THE_STRATEGIC_COUNSEL FAX NO. :8132863600 Nov. 07 2007 01:06PM P2

FILED
07 NOV 28 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000038126

1. Entity Name
SE INDUSTRY NEWS, LLC

Principal Place of Business	Mailing Address
4899 W. WATERS AVE. STE A TAMPA, FL 33634	4899 W. WATERS AVE. STE A TAMPA, FL 33634

11072007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2701 W. Busch Blvd	2701 W. Busch Blvd
Suite, Apt. #, etc. Ste 200	Suite, Apt. #, etc. Ste 200
City & State Tampa, FL	City & State Tampa, FL
Zip 33618 Country US	Zip 33618 Country US

4. FEI Number 20-4999130 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WADSWORTH, BRETT
2701 W. BUSCH BLVD., SUITE 104
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 obligations of registered agent.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKEN, SUSAN ANN 4899 W. WATERS AVE. STE A TAMPA, FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2701 W. Busch Blvd #200 Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700112597137 11/27/07--01018--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 07
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan A. Bracken 11/7/07 813-927-7053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #