2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2008
Secretary of State

DOCUMENT# L06000062841

Entity Name: BUTTERS MB-FM, LLC

Current Principal Place of Business:

6820 LYONS TECHNOLOGY CIRCLE, SUITE 100
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6820 LYONS TECHNOLOGY CIRCLE, SUITE 100
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-5088754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTTERS, MALCOLM
6820 LYONS TECHNOLOGY CIRCLE, SUITE 100
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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: MALCOLM BUTTERS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BUTTERS, MALCOLM
Address: 6820 LYONS TECH CIR SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR (X) Delete
Name: BUTTERS, MARK
Address: 6820 LYONS TECH CIR SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BUTTERS, MALCOLM
Address: 6820 LYONS TECH CIR SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MALCOLM BUTTERS MGRM 10/15/2008

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