

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000086981

FILED
Oct 30, 2007
Secretary of State

Entity Name: ROOKIE PRODUCTIONS, LLC

Current Principal Place of Business:

370 BAYWINDS DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

370 BAYWINDS DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

TOLBERT, JOHN R II
370 BAYWINDS DRIVE
DESTIN, FL 32541 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: JOHN R TOLBERT II

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOLBERT, JOHN R II
Address: 370 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: ARNOLD, GEORGE R
Address: 268 65 BIALINDA STREET
City-St-Zip: MALIBU, CA 90265

Title: MGRM () Delete
Name: HOLLAND, RUSSELL S
Address: 5496 WILLIAMSHORE DRIVE
City-St-Zip: ATLANTA, GA 30041

ADDITIONS/CHANGES:

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

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

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: JOHN R TOLBERT II

MR.

10/30/2007

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