

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000011916

FILED
May 01, 2009
Secretary of State

Entity Name: BLACK SWAN SPECIAL EVENTS LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD.
SUITE 1400
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

4810 NW 19TH STREET
LAUDERHILL, FL 33313 US

Current Mailing Address:

401 EAST LAS OLAS BLVD.
SUITE 1400
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

4810 NW 19TH STREET
LAUDERHILL, FL 33313 US

FEI Number: 02-0797415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CARTER, REVELLA
3260 NW 21ST STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

HADLEY, REVELLA CARTER
4810 NW 19TH STREET
FORT LAUDERDALE, FL 33311 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: REVELLA CARTER HADLEY

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARTER, REVELLA
Address: 3260 NW 21ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HADLEY, REVELLA CARTER
Address: 4810 NW 19TH STREET
City-St-Zip: LAUDERHILL, FL 33313

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: REVELLA CARTER HADLEY

MGR

05/01/2009

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