## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L07000073997 08 NOV -4 AM 10: 08 1. Entity Name REDDOOR 7 MEDIA LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2700 NE 51ST STREET 2700 NE 51ST STREET SUITE 305 SUITE 305 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3712 Sanc Simeon Cir 3712 Sant Simeon Cir Suite, Apt. #, etc. Suite, Apt. #, etc. 10282008 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For Weston, 26-0731651 Weston, Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 33331 Fee Required 33331 Broward Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose A. Miranda MATYISIN, KEVIN J Street Address (P.O. Box Number is Not Acceptable) 2700 NE 51ST STREET SUITE 305 FORT LAUDERDALE, FL 33308 33020 Hollywood 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. 10/29/2008 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. After January 1, 2009, Fee will be \$277.50 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM X Delete MGRM TITLE Addition ☐ Chance MATYISIN, KEVIN J NAME NAME Karina Matyisin STREET ADDRESS 2700 NE 51 STREET STREET ADDRESS 3712 San Simeon Cir CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP Weston, FL 33331 TITLE ☐ Delete TITLE 20<u>0</u>137607542 ☐ Addition NAME NAME 11/04/08--01019--009 \*\*143.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STORET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

11. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: WWW. MAKENIM SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

TtTLF

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

10/29/08 954-639-3151
Date Daytone Phone #