


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 DEC 16 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L07000079858</b> 1. Entity Name BELLE MOON PRODUCTIONS, LLC					
Principal Place of Business 7953 RAMONA STREET MIRAMAR, FL 33023			Mailing Address 7953 RAMONA STREET MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		10302008 REIN-LLC CR2E101 (1/07)
4. FEI Number 26-0686964				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  FELIN, GUETTY 7953 RAMONA STREET MIRAMAR, FL 33023			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 <u>See #11 for signature</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2009, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELIN, GUETTY 7953 RAMONA STREET MIRAMAR, FL 33023	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/15/08-01031-013 ***243.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COHEN, HERVE Manager 7953 RAMONA STREET MIRAMAR FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139233247 12/23/08-01014-013 ***243.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			11-15-2008 305-735-3454 Date Daytime Phone #		