2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000088455

1. Entity Name
NEXT GENERATION ADVERTISING LLC

FILED
2008 DEC 31 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12292008 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
11320 WAYNE DR. COOPER CITY, FL 33026	11320 WAYNE DR. COOPER CITY, FL 33026

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11320 Wayne Dr.	11320 Wayne Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City	City & State: Cooper City
Zip: 33026 Country: U.S.A	Zip: 33026 Country: U.S.A

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WALL
11320 WAYNE DR.
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name: Scott Wall
Street Address (P.O. Box Number is Not Acceptable): 11320 Wayne Dr.
City: Cooper City FL Zip Code: 33026

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: Scott Wall — DATE: 12/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After January 1, 2009, Fee will be $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PHILLIPS, JOSH C 3611 OTTAWA LN COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALL, SCOTT M 11320 WAYNE DR. COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200139408512 12/31/08--01087--003 **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Scott Wall — 12/28/08 — (954)608-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #