

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000117227

FILED
Mar 26, 2009
Secretary of State

Entity Name: GRABKIN CREATIVE, LLC

Current Principal Place of Business:

200 S BISCAYNE BLVD STE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 S BISCAYNE BLVD STE 4900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-4267801 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

WHITE & CASE, LLP
200 S BISCAYNE BLVD STE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD STE 4900
MIAMI, FL 33131 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: K. LAWRENCE GRAGG

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GRAGG, ERIKA
Address: C/O 200 S. BISCAYNE BLVD., SUITE 4900
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Change (X) Addition
Name: DOBKIN, JASON
Address: C/O 200 S. BISCAYNE BLVD., SUITE 4900
City-St-Zip: MIAMI, FL 33131 US

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: ERIKA GRAGG

MGRM

03/26/2009

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