

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000065875

**FILED**  
**Dec 18, 2009**  
**Secretary of State**

**Entity Name:** ASSOCIATION STUDIOS LLC

**Current Principal Place of Business:**

900 HILLCREST COURT  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

114 EAST COLLEGE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

900 HILLCREST COURT  
TALLAHASSEE, FL 32308

**New Mailing Address:**

PO BOX 1831  
TALLAHASSEE, FL 32302

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WACKSMAN, JAMES B  
900 HILLCREST COURT  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: JAMES B. WACKSMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WACKSMAN, JAMES B  
Address: 900 HILLCREST COURT  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES B. WACKSMAN

CEO

12/18/2009

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