

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 21, 2009  
Secretary of State

DOCUMENT# L08000066944

Entity Name: 173 ENTERTAINMENT, LLC

**Current Principal Place of Business:**

4572 NW 114TH AVENUE  
SUITE 1311  
DORAL, FL 33178 US

**New Principal Place of Business:**

5020 NW 173 ST  
MIAMI, FL 33055 US

**Current Mailing Address:**

4572 NW 114TH AVENUE  
SUITE 1311  
DORAL, FL 33178 US

**New Mailing Address:**

5020 NW 173 ST  
MIAMI, FL 33055 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

MARIN, CARLOS  
4572 NW 114TH AVENUE  
SUITE 1311  
DORAL, FL 33178 US

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

MARIN, CARLOS R  
5020 NW 173 ST  
MIAMI, FL 33055 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: CARLOS R MARIN

10/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: MARIN, CARLOS  
Address: 4572 NW 114TH AVENUE, SUITE 1311  
City-St-Zip: DORAL, FL 33178 US

Title: VP ( ) Delete  
Name: REYES, FRANKLIN  
Address: 4572 NW 114TH AVENUE, SUITE 1311  
City-St-Zip: DORAL, FL 33178 US

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

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

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: MARIN, CARLOS R  
Address: 5020 NW 173 ST  
City-St-Zip: MIAMI, FL 33055 US

Title: VP (X) Change ( ) Addition  
Name: MARIN, JANELY  
Address: 5020 NW 173 ST  
City-St-Zip: MIAMI, FL 33055 US

Title: MGR ( ) Change (X) Addition  
Name: ZERQUERA, RENE F  
Address: PO BOX 126384  
City-St-Zip: HIALEAH, FL 33012 US

Title: MGRM ( ) Change (X) Addition  
Name: BONET, LAURA M  
Address: 5020 NW 173ST  
City-St-Zip: MIAMI, FL 33055 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: RENE ZERQUERA

MGR

10/21/2009

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