

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000094145

FILED
Feb 04, 2010
Secretary of State

Entity Name: PO'MULA ENTERTAINMENT LLC

Current Principal Place of Business:

6831 HEMA ROAD
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

2939 NE 9TH ST
GAINESVILLE, FL 32609 US

Current Mailing Address:

6831 HEMA ROAD
JACKSONVILLE, FL 32209 US

New Mailing Address:

2939 NE 9TH ST
GAINESVILLE, FL 32609 US

FEI Number: 26-3519257 **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:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: TANIA LEMUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: ADAMS, LANCE
Address: 2939 NE 9TH ST
City-St-Zip: GAINESVILLE, FL 32609 US

Title: CEO
Name: OWENS, CARLOS
Address: 6831 HEMA ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: CEO
Name: HIGHTOWER, CHRISTOPHER MR.
Address: 635 NE 19TH TERR
City-St-Zip: GAINESVILLE, FL 32641 US

Title: PRES
Name: MOTEN, ANDREW
Address: 28 NE 21 TERR
City-St-Zip: GAINESVILLE, FL 32641 US

Title: VP
Name: DAVIS, FREKEISHA V
Address: 205 SE 16 AVE APT 8B
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby 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: CHRISTOPHER HIGHTOWER

CEO

02/04/2010

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