


LOG000092578

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LOG-92578</u>					
1. Limited Liability Company's Name HOUR BLUE PROJECT PRODUCTIONS LLC					
2. Principal Office Address - No P.O. Box # 4718 ROOSEVELT STREET		3. Mailing Office Address 4718 ROOSEVELT STREET		4. State/Country of Formation FLORIDA, USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 09/24/2009	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33021	Country USA	Zip 33021	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Paracorp Incorporated Street Address (P.O. Box Number is Not Acceptable) 236 East 6th Avenue Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32303				E-mail Address: annualreports@parasec.com (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u><i>[Signature]</i></u> Ninh Ho, Asst. Secretary Date 9/1/2011 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
CEO	Rony Abovitz	4718 ROOSEVELT STREET		HOLLYWOOD FL 33021	
REINSTATEMENT 2010-2011					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager <u><i>[Signature]</i></u> Date August 30, 2011 Daytime Phone # 954.383.5520					
Typed or printed name of signing Managing Member/Manager Rony Abovitz					