



2011 LIMITED LIABILITY COMPANY REINSTATEMENT

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|---------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L10000084994 |  |
| 1. Entity Name RED CARPET ENTERTAINMENT L.L.C. | |

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|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 650 W BREVARD ST TALLAHASSEE, FL 32304-7911 | Mailing Address 650 W BREVARD ST TALLAHASSEE, FL 32304-7911 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

| | |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
11 OCT 17 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|------------------------------------------------------------------------------------------|
| 10172011 REIN-LLC CR2E101 (1/07) |
| 4. FEI Number |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KENNETH BARBER & ASSOCIATES, INCORPORATED 650 W BREVARD ST TALLAHASSEE, FL 32304-7911 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Giffey Mordin (NOTE: Registered Agent signature required when reinstating) DATE 10/17/11

| | |
|----------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50 | Make check payable to Florida Department of State |
|----------------------------------------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MADICA, JEFFERY 650 W BREVARD ST TALLAHASSEE, FL 323047911 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Giffey Mordin DATE: 10/17/11

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE