PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000283

1. Corporation Name

Showtime Pictures-Florida, L.L.C.

Principal Place of Business / Mailing Address

200 Navarro
San Antonio, Texas 78205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: March 7, 1997

5. FEI Number: 74-2824156 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Mgr.	A. Kemal Arin	200 Navarro	San Antonio, TX 78205

100002892291--1
-06/02/99--01033--019
****900.00 ****900.00

500 100.00 88.75
100.00 88.75
8.75

REINSTATEMENT 98-99 cw
dw

O.P. 13.75

8. Name and Address of Current Registered Agent

GLen Foster
6400 Carrier Drive
Orlando, FL 32819

9. Name and Address of New Registered Agent

Name: ATRIUM REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue
Suite, Apt. #, Etc: Ste. 125
City: Coral Gables
State: FL
Zip Code: 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: ATRIUM REGISTERED AGENTS, INC. By: Robert A. Stamen, VICE PRESIDENT
REGISTERED AGENT MUST SIGN

Date: 5/25/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99
Date

954.252.9591
Daytime Phone #

CR2E040 (12/96)