L99000003668

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -8 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000003668
Name and Mailing Address

081035B 01 FP 0.352 --PR8RT HB 0 0815 34606-342233
PRIMETIME PLAYER MANAGEMENT, LLC
6733 OAK CLUSTER CIR.
SPRING HILL FL 34606-3422

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/22/1999

Principal Place of Business
6733 OAK CLUSTER CIR.
SPRING HILL FL 34606

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3582500
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

PURCELL, JOSEPH A
6733 OAK CLUSTER CIR
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. 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 [signature] Date 9/4/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PURCELL, JOSEPH A	6733 OAK CLUSTER CIRCLE	SPRINGHILL FL 34606

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2002-2003

12. 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 608.408, 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.

Signature of Managing Member/Manager [signature] Date 9/4/03 Daytime Phone (352) 688-4527

Typed or printed name of signing Managing Member/Manager