PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| C  | ED LIAE<br>OMPAN<br>ISTATEN          | Y                          | Secret                                   | ARTMENT OF STATE tary of State F CORPORATIONS     | 09 APR  | 1LED<br>28 PM 3: 27           |  |
|--|--------------------------------------|----------------------------|--|---|---|-------------------------------|--|
| DOCUMENT # L9900004209  1. Limited Liability Company's Name  |                                      |                            |  |   | ALLAHÂ.   | ARY OF STATE<br>SSEE. FLORIDA |  |
| FILMZONE LLC   |                                      |                            |  |   |   | CR2E041 (10/08)               |  |
| 2. Principal Office Address - No P.O. Box # 2321 Coit Road   |                                      |                            | 3. Mailing Office Address 2321 Coit Road |   |   | _                             |  |
| Suite, Apt. #, etc.  |                                      |                            | Suite, Apt. #, etc.                      |   | Florida   | atry of Formation             |  |
| Suite E  |                                      |                            | Suite E                                  |   | 5. Date Organized or Qualified To Do Business in Florida 7/13/1999  |                               |  |
| City & State Plano   |                                      |                            | City & State<br>Plano                    |   | 6. FEI Number Applied For   |                               |  |
| Zip<br>TX  | •                                    |                            | Zip<br>TX                                | Country   | 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status  |                               |  |
| 8. Name and Address of Current Registered Agent  |                                      |                            |  |   |   |                               |  |
| Name<br>Perry Douglas West, Esq.   |                                      |                            |  |   | A \$100 reinstatement fee is imposed, except  |                               |  |
| Street Add   | -                                    | x Number is Not Acceptable | )  |   | <ul> <li>in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.</li> </ul> |                               |  |
| Suite, Apt.<br>Suite 12  | #, Etc.                              | <u> </u>                   | <del></del>                              |   |   |                               |  |
| City<br>Cocoa  |                                      |                            |  | State Zip Code 32922                              |   |                               |  |
| 9. I, being appointed the egistered agent of the above named finited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  |                                      |                            |  |   |   |                               |  |
| <b>10.</b> Name  | es and Street                        | Addresses of Managing Mer  | mbers/Managers                           |   |   |                               |  |
| Titles   | Name of<br>Managing Members/Managers |                            | ers                                      | Street Address of Each<br>Managing Member/Manager |   | City / State / Zip            |  |
| MGR  | John W. Foster                       |                            |  | 2321 Coit Rd, Ste E                               |   | Plano, TX 75075               |  |
|  | 200152115162                         |                            |  |   |   |                               |  |
|  |                                      |                            |  |   | 04/23/  | 0901003002 **932.50           |  |
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|  |                                      |                            |  |   |   | B                             |  |
|  |                                      |                            |  | RE  | INSTAT  | MENT 2004-09                  |  |
| 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. |                                      |                            |  |   |   |                               |  |
| Signature of Managing Member/Manager Date 4/2/69 Daytime Phone # 972 867 0055  |                                      |                            |  |   |   |                               |  |
| Typed or printed name of signing Managing Member/ManagerJohn W. Foster, Manager  |                                      |                            |  |   |   |                               |  |