PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L 99000008138

1. Limited Liability Company's Name

Basshead Productions, LLC

9/29/00

2. Principal Office Address	3. Mailing Office Address
c/o J.F. Loumiet	c/o J.F. Loumiet
Suite, Apt. #, etc.: 1033 Anastasia Avenue	Suite, Apt. #, etc.: 1033 Anastasia Avenue
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: Miami-Dade	Zip: 33134 Country: Miami-Dade

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/24/1999

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: Juan P. Loumiet, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Greenberg Traurig, P.A.

Suite, Apt. #, Etc.: 1221 Brickell Avenue

City: Miami | State: FL | Zip Code: 33131

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****205.00 ****205.00

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: Juan P. Loumiet — Date: 2/26/2001

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
MG RM	Juan F. Loumiet	1033 Anastasia Avenue	Coral Gables, FL 33134
		100.00 Rein	
		100.00 00-01 UBR	
		5.00 CUS	
		205.00	

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: Juan F. Loumiet — Date: 2/26/2001 — Daytime Phone #: (305) 448-6424

Typed or printed name of signing Managing Member/Manager: Juan F. Loumiet