2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L9900009196 1. Entity Name ITALY TV MARKET, L.L.C.							07 APR -6	LED 5 PM 3:31	
Principal Place of Business 782 N.W. LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126			Mailing Address 782 N.W. LEJEUNE ROAD, SUITE 428 MIAMI, FL 33126		E 428		SECRETAR TALLAHASS		
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address	06					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01252007	REIN-LLC	CR2E101 (1/07	')	
City & State			City & State			4. FEI Numl 65-09		⊢	Applied For Not Applicable
Zip	p Country		Zip Count		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
PUIG, MAG 782 N.W. I MIAMI, FL	LEJEUNE	ROAD, SUITE 428			Street Address (P.O. Box Number is Not Acceptable)				
WII/AWII, I L	. 55120				City			FL Zip Co	ode
8. The above	named entity	y submits this statement for	the purpose of changing it	s register	ed office or register	ed agent, or b	oth, in the State of Flor	FL	
the obligations of registered agent. /s/ MAGALI L. PUIG SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		BK				Make	check payable to Department of St		
9.	Lion	MANAGING MEMBER		10.			ADDITIONS/C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·					<u></u>	000964 11/07—01020	Change 45395 45395 1445395	_
TITLE NAME STREET ADORESS CITY-ST-ZIP	r ·							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete TITLE PUIG, MAGALI L NAMI 782 NW LEJUNE RD STE 428 STRE				E E ET ADDRESS -ST-ZIP	- 04	1-2	707	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			REINSTA	TEM	FINT 2	OV		☐ Change	: Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			,		☐ Change	☐ Addition
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: Magali MANAGER 3/2407 (305) 442-809-3 SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Davising Phone 4									

L99000009196

April 4, 2007

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

Re: ITALY TV MARKET, L.L.C. 782 N.W. LeJeune Road Suite # 428 Miami, Florida 33126

> Doc. Number: L9900009196 FEI Number: 65-0976600

Gentleman:

Enclosed please find Reinstatement form, for the above corporation and a check in the amount \$ 100.00 for the year 2006 and 2007.

We never received the form for the report, please abate the penalty since we were not aware that it was not done.

Thanking you for your help and cooperation in this matter.

Cordially,

Italy TV Market, L.L.C.