2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 19 AM 8:38

DOCUMENT # M00000002352

1 Entity Name
HOLLYWOOD RENTALS PRODUCTION SERVICES, LLC

Principal Place of Business	Mailing Address
19731 NORDHOFF ST. NORTHRIDGE, CA 91324	19731 NORDHOFF ST NORTHRIDGE, CA 91324

09092005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
City & State	City & State
Zip / County	Zip / Country

4. FEI Number: 95-4828260 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Michael J. Smith Assistant Secretary DATE: 9.9.05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent must sign)

FILE NOW!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM RALEIGH INVESTMENTS LP 100 WILSHIRE BLVD., 8TH FL SANTA MONICA, CA 90401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JA & A CAPITAL LLC 515 SOUTH FIGUEROA ST., STE 1950 LOS ANGELES, CA 90071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM CDM INTERACTIVE INC 5336 LONG SHADOW COURT WESTLAKE VILLAGE, CA 91362	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400059751524 09/19/05--01065--001 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SHARMA, ANIL 1645 S. MONTE VIENTE DRIVE MALIBU, CA 90265	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rick Stout / Controller 9/9/05 (818) 407-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #