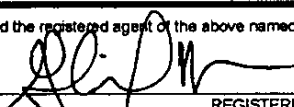
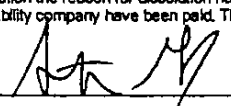


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M01000000490 1. Limited Liability Company's Name SET DISTRIBUTION, L.L.C.			
2. Principal Office Address - No P.O. Box # 10202 W. Washington Blvd. Suite, Apt. #, etc. SPP 1132 City & State Culver City, CA Zip Country 90232 USA		3. Mailing Office Address 10202 W. Washington Blvd. Suite, Apt. #, etc. SPP 1132 City & State Culver City, CA Zip Country 90232 USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 03/05/2001	
6. FEI Number 510379531		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City State Zip Code Weston FL 33331			
☒ A \$100 reinstatement fee is imposed, except 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.			
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  Date 8/7/2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Andrew J. Kaplan	10202 W. Washington Blvd.,	Culver City, CA 90232
Mgr.	Keith LeGoy	10202 W. Washington Blvd.,	Culver City, CA 90232
Mgr.	T.C. Schultz	10202 W. Washington Blvd.,	Culver City, CA 90232
	Steven Gofman, Authorized Rep.	10202 W. Washington Blvd.,	Culver City, CA 90232
REINSTATEMENT 2006-2008			
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 8/7/08 Daytime Phone # 310-244-2831 (Jan) Typed or printed name of signing Managing Member/Manager Steven Gofman, Authorized Representative			

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