PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000134358390
08/12/08--01013--028 **416.25

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1. Limited Liability Company's Name

SET DISTRIBUTION, L.L.C.

06 BK

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10202 W. Washington Blvd.		10202 W. Washington Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SPP 1132		SPP 1132	
City & State		City & State	
Culver City, CA		Culver City, CA	
Zip	Country	Zip	Country
90232	USA	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: Weston | State: FL | Zip Code: 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 Members/ 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**