

M02006003015

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:35

DOCUMENT #

1. Limited Liability Company's Name
Mediaedge:cia, LLC

BK

03

500025038325
11/25/03--01050--023 **150.00

REINSTATEMENT 2003

2. Principal Office Address

825 Seventh Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

825 Seventh Avenue

Suite, Apt. #, etc.

City & State

New York, New York

City & State

New York, New York

Zip

10019

Country

USA

Zip

10019

Country

USA

4. State/Country of Formation

Delaware

BK

5. Date Organized or Qualified
To Do Business in Florida

11/13/2002

6. FEI Number

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

United Corporate Servcies, Inc.

Street Address (P.O. Box Number is Not Acceptable)

9200 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 508

City

Miami

State

FL

Zip Code

33156

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

Bill [Signature]

Date

11/19/2003

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
Manager	Steven Lanzano	825 Seventh Avenue	New York, New York 10019
Manager	Charles Courtier	825 Seventh Avenue	New York, New York 10019
Manager	Mary Ellen Howe	125 Park Avenue, 4th Floor	New York, New York 10017
Manager	Thomas O. Neuman	125 Park Avenue, 4th Floor	New York, New York 10017

REINSTATEMENT 2003 BK

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

Thomas O. Neuman

Date

11/19/2003

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Thomas O. Neuman - Manager

CR2E041 (10/02)