2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# M03000002957

Entity Name: ACT INVESTMENT GROUP, LLC

Current Principal Place of Business:

7225 COLERAIN AVENUE, SUITE 12
CINCINNATI, OH 45239

New Principal Place of Business:

Current Mailing Address:

7225 COLERAIN AVENUE, SUITE 12
CINCINNATI, OH 45239

New Mailing Address:

FEI Number: 31-1474141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, CHAD
10234 CHARLESTON CORNER ROAD
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHAD EVANS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	EVANS, CHAD	
Address:	7225 COLERAIN AVENUE, SUITE 12	
City-St-Zip:	CINCINNATI, OH 45239	
Title:	MGRM	( ) Delete
Name:	MILLER, THOMAS	
Address:	7225 COLERAIN AVENUE, SUITE 12	
City-St-Zip:	CINCINNATI, OH 45239	
Title:	MGRM	( ) Delete
Name:	STROUD, ANTHONY	
Address:	7225 COLERAIN AVENUE, SUITE 12	
City-St-Zip:	CINCINNATI, OH 45239	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHAD EVANS MGRM 01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date