M04000005689

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000199676 3)))

H11000199676ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

L. SELLERS
AUG 10 2011
EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 AUG -9 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
ECG MARKETING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

FILED
11 AUG -9 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 AUG -9 AM 11: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M04000000569

1. Limited Liability Company's Name

ECG Marketing, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1835 NE Miami Gardens Drive		1835 NE Miami Gardens Drive	
Suite, Apt. #, etc. Suite 454		Suite, Apt. #, etc. Suite 454	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33179	Country US	Zip 33179	Country US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 02/06/2004

6. FEI Number: 20-0645946 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 [illegible] Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

E-mail Address:

kevinwagner@urbanradio.fm

(To be used for future annual report notices)

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: Madonna Cuddihy, Special Assistant Secretary Date: 8-8-11

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	Kevin Wagner	1835 NE Miami Gardens Drive	North Miami Beach, FL 33179

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 8-5-2011 Daytime Phone #: (305) 935-0002

Typed or printed name of signing Managing Member/Manager: Kevin Wagner, Manager