


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV -1 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M05000005013

1. Limited Liability Company's Name

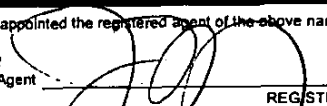
EXHIBIT MERCHANDISING, LLC

CR2E041 (8/05)

2. Principal Office Address 199 EAST GARFIELD RD. Suite, Apt. #, etc. City & State AURORA, OH Zip 44202		3. Mailing Office Address 199 EAST GARFIELD RD. Suite, Apt. #, etc. City & State AURORA, OH Zip 44202		4. State/Country of Formation OHIO	
				5. Date Organized or Qualified To Do Business in Florida 09/12/2005	
				6. FEI Number 02-0733562	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name JOSEPH B. MARSH Street Address (P.O. Box Number is Not Acceptable) 11006 BRIDGE HOUSE ROAD Suite, Apt. #, Etc. City WINDERMERE State FL Zip Code 34786	
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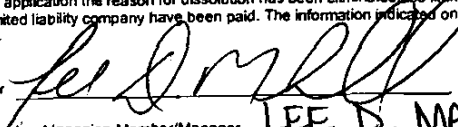
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11/01/06--01045--009 ** 58.00
150.00

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 10-27-06 REGISTERED AGENT MUST SIGN	
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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
MGRM	MAGIC ARTS & ENTERTAINMENT-FLORIDA	11006 BRIDGE HOUSE RD.	WINDERMERE, FL 34786
MGRM	JOHN T. NORMAN	199 EAST GARFIELD RD.	AURORA, OH 44202

REINSTATEMENT

Ok
11/01/06

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 10-27-06 Daytime Phone # 330-995-6565 Typed or printed name of signing Managing Member/Manager LEE D. MARSHALL / TREASURER-PRES MAGIC	
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