2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# M05000006458

Entity Name: WESTWOOD DISTRIBUTORS LLC

Current Principal Place of Business:

330 MADISON AVENUE
9TH FL
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

330 MADISON AVENUE
9TH FL
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 20-3737802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PATRICIA MULLER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILLER, PATRICIA
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete
Name: MURRAY, ROBERT
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete
Name: BELL, WILLIAM
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete
Name: KUTSCHER, ROBERT
Address: 330 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete
Name: NAVON, JACOB
Address: 330 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MULLER, PATRICIA
Address: 330 MADISON AVE
City-St-Zip: NEW YORK, NY 10017

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

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 exemption stated in Chapter 119, 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: PATRICIA MULLER MGRM 10/09/2007

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