

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004832

FILED
Oct 15, 2009
Secretary of State

Entity Name: COMEDY FESTIVAL PRODUCTIONS, LLC

Current Principal Place of Business:

119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH, FL 33139

New Principal Place of Business:

119 WASHINGTON AVENUE
SUITE 400
MIAMI BEACH, FL 33139

Current Mailing Address:

119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

119 WASHINGTON AVENUE
SUITE 400
MIAMI BEACH, FL 33139

FEI Number: 20-3083292 **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:

MATEU, RAUL
C/O WILLIAM MORRIS AGENCY
119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VEGA, MICHEL
C/O WILLIAM MORRIS AGENCY
119 WASHINGTON AVENUE, SUITE 400
MIAMI BEACH, FL 33139 US

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: MICHEL VEGA

10/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORWILL ENTERTAINMENT CORP.
Address: 151 EL CAMINO DRIVE
City-St-Zip: LOS ANGELES, CA 90212

Title: MGRM (X) Delete
Name: FANTASMA PRODUCTIONS, INC. OF FLORIDA
Address: 700 N. OLIVE AVE., SUITE 1
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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: MICHAEL S. DATES

CFO

10/15/2009

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