PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 MAR 4 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M06000005824

1. Limited Liability Company's Name: Discovery Pet Video, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
One Discovery Place		One Discovery Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Silver Spring, MD		City & State: Silver Spring, MD	
Zip: 20910	Country: USA	Zip: 20910	Country: USA

4. State/Country of Formation: Delaware
5. Date Organized or Qualified To Do Business in Florida: 10/20/2006
6. FEI Number: ☐ Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T 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: Heather_Anthony@discovery.com
(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: [signature] Marc St. Pierre Vice President and Assistant Secretary Date 3/1/13
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	David Zaslav	One Discovery Place	Silver Spring, MD 20910
MGR	Mark Hollinger	One Discovery Place	Silver Spring, MD 20910
MGR	Bruce Campbell	One Discovery Place	Silver Spring, MD 20910
	REINSTATEMENT		
	2007-13		

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 3/1/13 Daytime Phone # 212-548-5--5
Typed or printed name of signing Managing Member/Manager: Bruce Campbell

FL110 - 11/09/2012 Wolters Kluwer Online

S. HAWKES
MAR - 2013
EXAMINER

03/04/2013 11: ...2 CT CORPORATION PAGE 02/02

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
DISCOVERY PET VIDEO, LLC

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