PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 FEB -8 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # M07000005943

1. Limited Liability Company's Name

NewGen Broadcasting LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3038 North Federal Hwy		3038 North Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite D		Suite D	
City & State		City & State	
Ft. Lauderdale, FL		Ft. Lauderdale, FL	
Zip	Country	Zip	Country
33306	Broward	33306	Broward

4. State/Country of Formation
Nevada

5. Date Organized or Qualified To Do Business in Florida 3/14/2007

6. FEI Number 20-8630003 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1203 Governors Square Blvd, Suite 101

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301-2960

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 M. Will Date 2-3-11
REGISTERED AGENT MUST SIGN Mark Williams A.V.P. Business Filings Incorporated

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
Managing Member	Brenda Shapiro	1770 E. Las Olas Blvd,, #501	Fort Lauderdale, FL 33301
Managing Member	Daron Babin	1770 E. Las Olas Blvd,, #501	Fort Lauderdale, FL 33301

REINSTATEMENT - 2010 + 2011

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 2/11/11 Daytime Phone # 954-376-4775

Typed or printed name of signing Managing Member/Manager Brenda Shapiro

C.L.