

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 17 AM 9:03

SECRETARY OF STATE
MAIL ROOM

DOCUMENT # M08000003355

1. Limited Liability Company's Name

Backyardigans Touring, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1619 Broadway

3. Mailing Office Address

1619 Broadway

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

9th Floor

City & State

New York, NY

City & State

New York, NY

Zip

10019

Country

United States

Zip

10019

Country

United States

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

07/17/2006

6. FEI Number

M08000003355

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600268148266
03/17/15--01036--016 **138.75

600268148266
01/08/15--01020--014 **100.00

600268148266
01/08/15--01020--013 **693.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and ac

Signature of
Registered Agent

Rickreda Jackson

REGISTERED AGENT MUST SIGN

Date 12/10/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President, CFO	Sohn Gore	1619 Broadway 9th Floor	New York, NY 10019
Secretary	David Stern	1619 Broadway 9th Floor	New York, NY 10019
EVP	Liam Lynch	1619 Broadway 9th Floor	New York, NY 10019
Assistant Secretary	Thomas B. McGrath	1619 Broadway 9th Floor	New York, NY 10019
VP	Paul Dietz	1619 Broadway 9th Floor	New York, NY 10019

REINSTATEMENT

MAR 17 2015

11. E-mail Address: gabriella.mervis@broadwayacrossamerica.com

R. HUNT

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Paul Dietz

Date 12/19/14

Daytime Phone # (917) 421-5472

Typed or printed name of signing Authorized Representative/Manager Paul Dietz