

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000003705

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** MAXIMUS MULTIMEDIA INTERNATIONAL LLC

**Current Principal Place of Business:**

1520 WEST ALTORFER DRIVE  
PEORIA, IL 61615

**New Principal Place of Business:**

7800 SOMMER  
SUITE 501  
PEORIA, IL 61615

**Current Mailing Address:**

1520 WEST ALTORFER DRIVE  
PEORIA, IL 61615

**New Mailing Address:**

7800 SOMMER  
SUITE 501  
PEORIA, IL 61615

FEI Number: 22-3979033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CANTONE OFFICER CENTER LLC  
Address: 766 SHREWBURY AVE  
City-St-Zip: TINTON FALLS, NJ 07724

Title: MGR ( ) Delete  
Name: CANTONE PARTNERS LP  
Address: 766 SHREWBURY AVE  
City-St-Zip: TINTON FALLS, NJ 07724

Title: MGR ( ) Delete  
Name: MIDSUMMER INVESTMENT LTD.  
Address: 295 MADISON AVE, 38TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

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: AARON CUNNINGHAM

CEO

10/20/2009

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