PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 FEB 19 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M09000004952

1. Limited Liability Company's Name
Endemol Latino N.A., LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 Brickell Avenue	1000 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1015	Suite 1015
City & State	City & State
Miami, Florida	Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Delaware/USA

5. Date Organized or Qualified To Do Business In Florida: 12/18/2009

6. FEI Number: 27-0669576 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Mauricio Piccone

Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue

Suite, Apt. #, Etc: Suite 1015

City: Miami State: FL Zip Code: 33131

E-mail Address:
400244876434
am@hjth.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: _____ Date: 2/19/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member or Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	Endemol USA Inc.	9255 Sunset Blvd., Suite 1100	Los Angeles, CA 90069
Mem	Tambu, Inc.	1209 Orange Street,	Wilmington, DE 19801

REINSTATEMENT
2012-13

11. I certify that I am managing member/manager of the member 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 records for dissolution have been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: _____ Date: 2/14/2013 Daytime Phone #: 30-270-4178

Typed or printed name of signing Managing Member/Manager: _____

S. HAWKES
FEB - 2013
EXAMINER