

m96000000525

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 25 AM 8:55

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # M96000000525**
Alter - Entertainment, L.L.C.
3801 W. Hillsboro Blvd, #B-102
Coconut Creek, FL 33073

1a. Principal Place of Business Address
3801 W. Hillsboro Blvd.
#B-102
Coconut Creek, FL 33073

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 12/13/1996
3a. State of Formation NJ
4. FEI Number Applied For Not Applicable
5. Date of Last Report
6. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Alterman, Eric D.
3801 W. Hillsboro Blvd, #B-102
Coconut Creek, FL 33073

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code *MJA*

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 _____
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Alterman, Eric D.	3801 W. Hillsboro Blvd, #B-102	Coconut Creek, FL 33073

REINSTATEMENT

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****688.75 ****688.75

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 *[Signature]* Date 11-16-98 Daytime Phone # 954-725-6462

Typed or printed name of signing Managing Member/Manager Eric D. Alterman