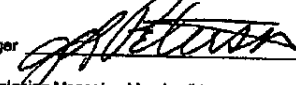


M9800000433

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
JAN 29 PM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M9800000433 1. Limited Liability Company's Name EPSC COMMTELENT SERVICES LLC Cross Reference Name TALCOMM LLC 9/26/03			
2. Principal Office Address 2835 North Naomi Street Suite, Apt. #, etc. City & State Burbank, CA Zip 91504 Country USA		3. Mailing Office Address c/o Ben-Zvi and Beck Suite, Apt. #, etc. 610 W. Sixth Street, #2620 City & State Los Angeles, CA Zip 90017 Country USA	
4. State/Country of Formation Nevada		5. Date Organized or Qualified To Do Business in Florida 04/22/1998	
6. FEI Number 88-0391089		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ 			
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 32301-2525			
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  Jeanine Reynolds as its agent Date 01/29/2004 REGISTERED AGENT MUST SIGN			
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
MGR	Draney, Robert W.	410 Nevada Highway, Suite 200	Boulder City, NV 89005
MGR	Peterson, Jack L.	410 Nevada Highway, Suite 200	Boulder City, NV 89005
MGR	Fabrick, Howard D.	2029 Century Park East, Ste 2600	Los Angeles, CA 90087
REINSTATEMENT 2003-2004			800027911038
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 01/29/2004 Daytime Phone # (818) 955-6000 Typed or printed name of signing Managing Member/Manager			

CI2E041 (1002)



CORPORATION SERVICE COMPANY™

M98000000433

ACCOUNT NO. : 072100000032

REFERENCE : 416887 4336016

AUTHORIZATION : *Patricia Pappas*

COST LIMIT : \$ 205

ORDER DATE : January 29, 2004

ORDER TIME : 3:54 PM

ORDER NO. : 416887-010

CUSTOMER NO: 4336016

CUSTOMER: Trina Adams
Sheppard Mullin Richter &
19th Floor
501 West Broadway
San Diego, CA 92101

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REINSTATEMENT

ByK

NAME: EPSG COMMTALENT SERVICES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____

RECEIVED
04 JAN 29 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA