PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 01 OCT 16 PM 12: 41

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DIVISIO	ON OF CORPORA	TIONS						
DOCUMENT # M99 & 1. Limited Liability Company's Name The Box Work	00000 2	2016 LLC	•					22 N	٦ <u>-</u>
ne box wor	3,40,				TAT			100 10)- 101
2. Principal Office Address 1515 DRORDWAY COM,		e Address F	Ricklas	4. State/Cou	ntry of Formati	on	_		7
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc. 1515 Broodway			Delaware 5. Date Organized or Qualified To Do Business in Florida 12/16/99				
New YORK, NY	City & State	york,	ny	6. FEI Numb				Applied For	
100 36 Country USA	Zip 1003	6 Country	USA	7.	E OF STATUS D	1	\$5.00 Additi	Not Applicable ional Fee require ificate of Status	4
	8. Nam	e and Address of	Current Register	ed Agent	-				-
Name Co e po e q fr	on Sep	vice	Com	DANY					
1201 #	Not Acceptable)	Free			<u> </u>				
Suite, Apt. #, Etc.	. 4	EVA,							
City Tallahas	ssee			, , , , , , , , , , , , , , , , , , , ,	State Z	ip Code 230/	- _a zs _a z	25	
9. I, being appointed the registered agent of the a Signature of Registered Agent	pove named limited lia	<u></u>	n familiar with and a	accept the obligat	ions of Chapte	er 608, F.S.	/01		CR2E041 (9/00)
10. Names and Street Addresses of Managing M	embers/Managers								1
Titles Name of Managing Members/ Mana	gers	Street Address of Each Managing Member/Manager			City / State / Zip				
EVP Thomas C. Fre	ton	1515/	Broade	voy	newl	pek.	ng	1003S	
sec Michael D. Fr	ukles	"	"	. 0	4	"	•0	14	
AS Katherine B. Ro.	entery		41		77	"	"	"	
					000	104E	 3330	J51-	-4
							UR	0-10-01	
11. I certify that I am managing member/manager filing this reinstatement application the reason fall fees owed by the limited liability company has if made under oath.	or the receiver or trus or dissolution has beer we been paid. The info	tee empowered to n eliminated, the lin mation indicated of	nited liability compa on this application is	iny name satisfie: s true and accura	s the requireme te, and my sigr	ents of section nature shall h	n 608.406, F ave the sam	F.S., and that ne legal effect	Ė
Signature of Managing Member/Manager	45.1		Sale ro	loi Ros	aytime Phone	. <u>258</u>	r-68	847	
Typed or printed name of signing Managing Membe	r/Manager /	Lather	ine to	S. Kos	enbe	2K 9			1



ACCOUNT NO. : 072100000032

REFERENCE : 951123

4319220

AUTHORIZATION <

COST LIMIT

ORDER DATE: October 15, 2001

ORDER TIME: 10:38 AM

ORDER NO. : 951123-005

CUSTOMER NO: 4319220

CUSTOMER: Ms. Dolores A. Riccuitti

Viacom Inc. 1515 Broadway 51st Floor

New York, NY 10036

REINSTATEMENT

NAME: THE BOX WORLDWIDE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS