

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Sep 29, 2006**  
**Secretary of State**

DOCUMENT# N00000001301

**Entity Name:** SONIDO INTERNACIONAL CRISTIANO, INC.

**Current Principal Place of Business:**

5355 25TH AVENUE, S.W.  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5355 25TH AVENUE, S.W.  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 01-0578996      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

PAGAN, EMILY  
5355 25TH AVENUE, S.W.  
NAPLES, FL 34116    US

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: EMELY PAGAN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAGAN, HERMINIO  
Address: 5355 25TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Delete  
Name: PAGAN, EMELY  
Address: 5355 25TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: PAGAN, NEIDY  
Address: 5355 25TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMELY PAGAN

VDP

09/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date