

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051420**

1. Corporation Name

ROCKNOCKER MUSIC COMPANY

Principal Place of Business

Mailing Address

C/O JOHN M. GROSS, ESQ.
51 EAST 42ND STREET #1601
NEW YORK NY 10017

%RZO INC
110 W 57TH ST. 5TH FL
NEW YORK NY 10019
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 06/17/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 13-3007992 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | BARNES, RICHARD D | %RZO INC, 110 W 57TH ST | NEW YORK NY |
| VP | JUNSTROM, LAWRENCE | %RZO INC, 110 W 57TH ST | NEW YORK NY |
| ST | ZANT, DONALD V | %AZO INC, 110 W 57TH ST | NEW YORK NY |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 00 11/18

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. 300003506553--8 | |
| | | City 12/20/00--01013--008 | |
| | | City ***750, State FL ***P50.00 | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 11/18/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/18/00 Daytime Phone # _____

CR2E040 (8/00)