

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 SEP 29 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000000870

1. Corporation Name

E-4Music Network, Inc.

2. Principal Office Address  
7695 S.W. 104th Street

3. Mailing Office Address  
7695 S.W. 104th Street

Suite, Apt. #, etc.  
210

Suite, Apt. #, etc.  
210

City & State  
Miami, FL

City & State  
Miami, FL

Zip 33156 Country USA

Zip 33156 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/03/01 01/03/01

5. FEI Number 651081052

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2003

**7. Name and Address of Current Registered Agent**

Name  
Eric P. Littman

Street Address (P.O. Box Number is Not Acceptable)  
7695 S.W. 104th Street

Suite, Apt. #, etc.  
210

City  
Miami

State  
FL

Zip Code  
33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 9/23/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Susan Parker	14790 S.W. 21 Street	Davie, FL 33325

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/03

Daytime Phone #

954-472-7171

CR2E081 (1/02)