

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|---|---------|--|--|--|---|--|
| DOCUMENT # F00000000448 1. Entity Name CROWING ROOSTER ARTS, INC. | | | | | | FILED 05 OCT 28 PM 8:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 180 WEST BROADWAY RM 302 NEW YORK, NY 10013 | | | | Mailing Address 180 WEST BROADWAY RM 302 NEW YORK, NY 10013 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 13-3693565 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SANON-JULES, GARY 819 FIFTH ST. MIAMI BEACH, FL 33139 | | | | 7. Name and Address of New Registered Agent Name Peter Stearn Street Address (P.O. Box Number is Not Acceptable) 819 Fifth St. City Miami Beach FL Zip Code 33139 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE | | | | DATE 10/20/05 | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEAN, KATHERINE PO BOX 1807, CANAL STREET STN NEW YORK, NY 10013 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200061002572 10/28/05--01042--007 *\$236.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELLE, DAVID PO BOX 413 REMSENBURG, NY 11960 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAYSLES, ALBERT ONE WEST 72ND STREET NEW YORK, NY <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: | | | | DATE 10/21/05 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 212-334-6260 | | | |