

2607-NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 15 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

06-07

DOCUMENT # F00000000448 1. Entity Name CROWING ROOSTER ARTS, INC.					
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 - No P.O. Box # 100 LAFAYETTE STREET		3. Mailing Address 100 LAFAYETTE STREET			
Suite, Apt. #, etc. 602		Suite, Apt. #, etc. 602			
City & State NEW YORK, NY		City & State NEW YORK, NY			
Zip 10013	Country NY	Zip 10013	Country NY	4. FEI Number 13-3693565	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STERN, PETER 819 FIFTH ST. MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 5/10/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	D BELLE, DAVID PO BOX 413 REMSBURG, NY 11960	<input type="checkbox"/> Delete			
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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 40%; text-align: right;"> 3 May 2007 <small>Date</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small> </div>					

MAY 15 2007