


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G16894		
1. Entity Name UPWARD BOUND MUSIC COMPANY, INC.		

FILED
05 AUG -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11806 N.E 8TH AVENUE P.O. BOX 557851 MIAMI, FL 33255-7851	Mailing Address 11806 N.E 8TH AVENUE P.O. BOX 557851 MIAMI, FL 33255-7851
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2. Principal Place of Business		3. Mailing Address <i>P.O. BOX 557851</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>MIAMI, FL</i>	
Zip	Country	Zip <i>33255-7851</i>	Country <i>MIAMI-DADE</i>

05172005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2258395		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 SOLOMON, SAMUEL 11806 NE 8TH AVE MIAMI, FL 33161-6304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* DATE *07-28-05*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SOLOMON, SAMUEL JR 11806 N.E 8TH AVENUE BISCAYNE PARK, FL 331616304 <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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08/01/05--01057--003 **300.00

07/28/05

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 607, 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: *[Signature]* *SOLOMON, SAMUEL JR.* DATE: *07-28-05* PHONE: *305-880-0007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR