|  | PLEASE READ   | ALL INST                              | RUCTIO                               | NS BEFORE (  | COMPLETI   | ING THIS FOF                           |  |
|--|---|---------------------------------------|--------------------------------------|--|--|--|--|
| <u> </u>   |   | ORIDA                                 | DEPARTI<br>Fail of inc<br>Secretary  | <u>MENT OF STATE</u>   |  |  |  |
| DIVISION OF CORPORATIONS                             |   |                                       |                                      |  | FILED  |  |  |
| DOCUMENT # K68580  1. Corporation Name               |   |                                       |                                      |  | 00 OCT 19 PM 3: 45   |  |  |
| DEFCUT RECORDS, INC.                                 |   |                                       |                                      |  | SECRETARY OF STATE TALLAHASSEE FLORIDA   |  |  |
| Principal Place of Business Mailing Address          |   |                                       |                                      |  | 1  |  |  |
| 2812 NW 6TH (<br>FORT LAUDER)                        | COURT<br>DALE FL 33311-7665   | H COURT<br>RDALE FL 33311-7665        |                                      |  |  |  |  |
|  | sses are incorrect in any way, line thro  |                                       |                                      |  |  |  |  |
|  |   |                                       | g Office Address, If Applicable      |  | 4. Date Incorp   | orated or Qualified<br>ness in Florida | 02/24/1989                                     |
| - Suite, Apt. #, etc                                 |   | Suite, Apt. #, etc.                   |                                      |  | FO 474F004   | Applied For                            |  |
| City & State   | 1 Ozwate  | City & State                          |                                      |  | 6.   | <u>52-1745364</u><br>_                 | Not Applicable  \$8.75 Additional Fee required |
| Zip Country Zip                                      |   |                                       |                                      |  |  | E OF STATUS DESIRED                    | for a Certificate of Status                    |
| 7. Names and § Title(s) 1 2                          | Street Addresses of Each Officer and/<br>Name of Officers<br>and/or Directors   | or Director (Flor                     | ida nonprofit co                     | orporations must list at le<br>Street Address of Eac<br>Officer and/or Directo | h  | Git 4                                  | ty / State / Zip                               |
| P/D TOOMER, DWAYNE                                   |   |                                       | 2812 NW 6TH COURT                    |  |  | FT LAUDERDALE FL 33311                 |  |
|  |   | · · · · · · · · · · · · · · · · · · · |                                      |  |  |  |  |
|  |   |                                       |                                      |  |  | 000034479876<br>                       |  |
|  |   |                                       |                                      |  |  | matane I O.C.                          |  |
|  |   |                                       |                                      |  |  |  |  |
| 8. Name and Address of Current Registered Agent Name |   |                                       |                                      |  | 9. Name and Address of New,Registered Agent  Og.  O. Box Number is Not Acceptable) |  |  |
| MAFFEI, GEORGE P Street Address (F                   |   |                                       |                                      |  | P.O. Box Number  | is Not Acceptable)                     |  |
| 633 S.E. 3RD AVE.                                    |   |                                       |                                      | Suite, Apt. #, Etc.  |  |  |  |
| SUITE 4-R<br>FT LAUDERDALE FL 33301                  |   |                                       |                                      | City State Zip Co  |  |  |  |
| 10. I, being app<br>Signature of<br>Registered Ager  | nt  |                                       |                                      |  | obligations of Sect  | Date                                   | 16/00  |
| this reinstate<br>owed by the                        | I am an officer or director or the recei-<br>ement application, the reason for dissi-<br>e corporation have been paid and the<br>cation is true and accurate, and my si | olution has been<br>names of individ  | eliminated, the<br>uals listed on th | corporate name satisfie:<br>his form do not qualify fo                         | s the requirements<br>r an exemption un  | s of section 607.0401 or               | 617.0401, F.S., that all fees                  |

Daytime Phone #

SIGNATURE: SIGNATURE AND SIGNA

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