

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 29 PM 1:07

DOCUMENT # L01000005823

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001381 01 FP 0.352 **PRSR T5 0 0615 33037-526724

SOUTHERN MUSIC GROUP, L.L.C.

24 DOCKSIDE LANE, #401

KEY LARGO FL 33037-5267



2. New Mailing Address 1320 S. Dixie Highway, Suite 715 City, State, Zip Coral Gables, Fl. 33146		4. State/Country of Formation FL	
3. New Principal Place of Business Address 24 DOCKSIDE LANE, #401 KEY LARGO FL 33037 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/16/2001	
8. Name and Address of Current Registered Agent HERMELEE, BRUCE G 25 S.E. SECOND AVE., STE. 1135 MIAMI FL 33131		6. FEI Number 65-1103263 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Samuel A. Persaud, Esq. Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway Ste. 715 City: Coral Gables FL Zip Code: 33146			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: [Signature] Date: 11/20/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Andrew Richardson - MGRM	24 Dockside Lane #401	Key Largo, Fl. 33037
			400009615874 01/29/03-01/08-005 **200.00
			400009615874 12/20/02-01/08-002 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 11/20/02

Daytime Phone 205-367-3300