

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005008

Entity Name: HEARKEN MUSIC, L.L.C.

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

2404 LEMBERTON COURT
KISSIMMEE, FL 34746

New Principal Place of Business:

735 S US HWY 441
APT 61
LADY LAKE, FL 32159

Current Mailing Address:

2402 LEMBERTON COURT
KISSIMMEE, FL 34746

New Mailing Address:

735 S US HWY 441
APT 61
LADY LAKE, FL 32159

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ST. CLAIR-HUSBANDS, DAVID
2402 LEMBERTON COURT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

ST. CLAIR-HUSBANDS, DAVID
735 S US HWY 441
APT 61
LADY LAKE, FL 32159 US

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.

SIGNATURE: DAVID ST. CLAIR-HUSBANDS

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ST. CLAIR-HUSBANDS, DAVID MR
Address: 2402 LEMBERTON COURT
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ST. CLAIR-HUSBANDS, DAVID MR
Address: 735 S US HWY 441 APT 61
City-St-Zip: LADY LAKE, FL 32159 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID ST. CLAIR-HUSBANDS

MGR

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date