2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCLI	MENT #1 04000064	240	THE			0216	TILLED		
DOCUMENT # L0400064249 1. Entity Name FRESH BAKED RECORDS, LLC					5	SECI _{NE E} IVISIC	. 27. 07. 5 10. 1	TATE	
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Principal Place of Business Mailing Address 2500 WINDING CREEK BLVD 2500 WINDING CREEK BL			.VD						
STE. D101 STE. D101 CLEARWATER, FL 33761 US CLEARWATER, FL 33761			US		nt.				
		3. Mailing Address							
2. Principal Place of Business 3376 LANDING CT		P.O. Box 306				I ANDII GINAI DIGA DIGA	I asa iis aq si a q siii	UNITE ITALI UTRIA ISC	
Suite, Apt. #, etc. Palm Harbox F		Suite, Apt. #, etc.			01062006	REIN-LLC	CR2E	E101 (11/05)	
City & State		City & State SPRINGS, FL		FL	4. FEI Numb	1167	2841		plied For at Applicable
39465	Country USA	zip 34688	Country		5. Certificate	of Status Desire		\$5.00 Add Fee Required	
	6. Name and Address of Current f				7. Name and	Address of Ne	w Registered		
· Na				SCOTT ANDREASEN					
ANDREASEN, SCOTT 2500 WINDING CREEK BLVD			Street Address (P.O. Box Number is Not Acceptable)						
STE. D10 CLEARWA	1 ATER, FL 33761		3376 LANDING CT						
			City	PAL	m H	YR 1800	F(F	Zip Code	84
8. The above named entity submits this statement/or 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.								and accept	
SIGNATURE 1/6/06									
Signature, typed or printed name of registrated agent and title if applicable. (NOTE: Registered Agent signature require									
· · · - · · ·	Signature, typed or printed narrie of registered agent a	nd title if applicable. (NOTE: F	legistered Agent sign	sture requir	ed when reinstating)	<u> </u>	DATE		
FILE	NOWIII FEE IS \$100.00	In accordance with s. liability company did n	607.193(2)(b),	F.S., the	e limited		Make check	payable to ment of State	9
	NOWIII FEE IS \$100.00	In accordance with s. liability company did n	607.193(2)(b), ot receive the	F.S., the	e limited	R Flo	lake check rida Depart	ment of State	9
FILE 9.		In accordance with s. liability company did n	607.193(2)(b),	F.S., the	e limited	R Flo	Make check	ment of State	e Addition
9. TITLE NAME	MANAGING MEMBEI MGRM ANDREASEN, SCOTT	In accordance with s. liability company did n	607.193(2)(b), ot receive the 10.	F.S., the	e fimited ice.	Flo Additio	lake check rida Depart NS/CHANGE	ment of State	
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11. 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 is true and accurate and that my 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:

1/6/06