

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000091906					
1. Entity Name MOSLEY MUSIC, LLC					
Principal Place of Business c/o ADAM S. HOCK 400 GARDEN CITY PLAZA, SUITE 202 GARDEN CITY, NY 11530			Mailing Address c/o ADAM S. HOCK 400 GARDEN CITY PLAZA, SUITE 202 GARDEN CITY, NY 11530		
2. Principal Place of Business c/o Alan S. Hock, Esq. Suite, Apt. #, etc.		3. Mailing Address c/o Alan S. Hock, Esq. Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3754659	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>/S/ Amy L. Brady, Assistant Secretary</u> DATE <u>10/20/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOSLEY, TIMOTHY 400 GARDEN CITY PLAZA, SUITE 202 GARDEN CITY, NY 11530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500081302345 10/27/06--01054--001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			10/13/06 917-826-9186		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-3754659

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

SIGNATURE /S/ Amy L. Brady, Assistant Secretary **DATE** 10/20/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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