2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# L06000089599

Entity Name: XBEAT STUDIO INC.

Current Principal Place of Business:

705 SOUTH E STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

705 SOUTH E STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 30-0381637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CHARLES, SENEX
705 SOUTH E STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: SENEX CHARLES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHARLES, SENEX
Address: 705 SOUTH E STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: MGM ( ) Delete
Name: CHARLES, FEDNEL
Address: 705 SOUTH E STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR ( ) Delete
Name: CHARLES, VALEX
Address: 1101 SOUTH C STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SENEX CHARLES MGR 10/07/2009

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