2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003630

Entity Name: BCY ENTERTAINMENT, INC.

FILED Mar 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16900 N.E. 19TH AVENUE 951 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 SUITE 204

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

16900 N.E. 19TH AVENUE 951 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 SUITE 204

NORTH MIAMI BEACH, FL 33162

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOVACK, PAUL D
16900 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US
NOVACK, PAUL D
951 NE 167 STREET
SUITE 204

MIAMI, FL 33162 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: PAUL NOVACK 03/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: NOVACK, PAUL D Name: NOVACK, PAUL D

Address: 16900 N.E. 19TH AVENUE Address: 951 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: MIAMI, FL 33162

Title: VD () Delete Title: VD (X) Change () Addition Name: NOVACK, DENISE Name: NOVACK, DENISE

 Address:
 16900 N.E. 19TH AVENUE
 Address:
 951 NE 167 STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip: MIAMI, FL 33162

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 NOVACK, MICKEY
 Name:
 NOVACK, MICKEY

 Address:
 16900 N.E. 19TH AVENUE
 Address:
 951 NE 167 STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 MIAMI, FL 33162

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL NOVACK P 03/16/2008