

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P00000085735 1. Entity Name REC ROOM RECORDING STUDIO, INC.					
Principal Place of Business 2106 N.W. 67 PLACE, STE. 6 GAINESVILLE, FL 32653			Mailing Address 2106 N.W. 67 PLACE, STE. 6 GAINESVILLE, FL 32653		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3674881	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBERTSON, PETER A ESQ. 5216 S.W. 91 DR. GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Michelle J. Gomez, Esq. Street Address (P.O. Box Number is Not Acceptable) 1650 NE 26th Street Suite 101 City Ft. Lauderdale FL Zip Code 33305		
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		(NOTE: Registered Agent signature required when reinstating)		DATE 9/19/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATES, RONALD C 4229 N.W. 43 ST., APT. B-15 GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATES, RONALD C. 2323 SW 35 PL, ID GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKHAUS, DANIEL A 5107 S.W. 47 ST. GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080264815 09/28/06--01041--018 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		RONALD C. CATES		Date 9/19/06 352 Daytime Phone # 375-3333	