


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 PM 3:00

DOCUMENT # P00000102693	
1. Entity Name CRISS CROSS RECORDS INC.	

Principal Place of Business 4699 N STATE RD 7 SUITE H FORT LAUDERDALE, FL 33319	Mailing Address 4699 N STATE RD 7 SUITE H FORT LAUDERDALE, FL 33319
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11012004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1092622	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSS, MOSES A 4599 N STATE RD 7 SUITE H FORT LAUDERDALE, FL 33319	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Moses A. Cross DATE: 10-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, MOSES A 4599 N STATE RD 7, SUITE H FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042755321 11/15/04--01074--014 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	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	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	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	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 exemption stated in Section 119.07(3)(i), 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: Moses A. Cross Date: 10-31-04 Daytime Phone #: (954) 746-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Division of Corporations

Reinstatement

Document Number

P00000102693

Business Entity Name

CRISS CROSS RECORDS INC.

☒ A \$600.00 reinstatement fee is imposed, except in circumstances in which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and the \$600.00 reinstatement fee will be waived.

FEI Number

651092622

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

4699 N STATE RD 7

Suite, Apt. #, etc.

SUITE H

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33319

Mailing Address

Address

4699 N STATE RD 7

Suite, Apt. #, etc.

SUITE H

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33319

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

CROSS

MOSES

A

-or- RA Business Name

Address

4599 N STATE RD 7

Suite, Apt. #, etc.

SUITE H

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33319

US

The Registered Agent (RA) named above must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign