· 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000105675 1. Entity Name SENSATIONAL VIDEO & MUSIC, INC.							SECRETARY OF STATE DIVISION OF COPPORATIONS 07 OCT 10 PM 1: 09				
Principal Plac 3108 WEST HIALEAH, FL	76TH ST	s	Mailing Address 3108 WEST-76TH ST HIALEAH, FL 33018								
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address 8914 N.W. 168 Street								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				10092007	REIN-P	CR2E098 (1/	(07)	
City & State			City & State Hialeah Florida			4. FEI Numb 65-105	-		Applied For Not Applicable		
Zip	Country 6. Name and Address of Current I		Zip 33018	Countr U S		<u></u> .	5. Certificate of Status Desired		Fee Re	Additional quired	
RODRIGU 3108 WES HIALEAH,	EZ, HENF	Y - T	Registered Agent		Street A	ddress (1 1914	7. Name and Address of New Registered Agent XY RODRIGUEZ P.O. Box Number is Not Acceptable) N.W. 168 Street eah 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 Significant or produced agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00								In accordance wi corporation did n	ot receive the p	rior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2238 MOI	OFFICERS AND EL, JANET NROE STREET OOD; FL 33020	DIRECTORS		.E	891	LARROE	L, JANET 68 Street	∲ Cha	i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3108 VVE	JEZ, HENRY ST 76 ST. -FL - 33018 -	□ Delete	.e Ae Eet address Y-st-zip	PD LAI 89	ialeah Fl 33018 D					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					PS 10/12	I V	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			RE	INSTA	rement_	O (□ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		******	□ Delete				41 10/18	0 01109 3/0701036-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Cha	nge 🗌 Addition	
12. I hereby certify that the information supplied with this filling 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 apcurate 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.											
SIGNAT	SIGNATURE: 10-09-2007 776 4/9 3859 SIGNATURE: Date Description of Fluited NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description of Plant Priore 8										