

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 13 PM 4:45



11292004 REIN-P CR2E098 (6/04)

4. FEI Number **65-1097652** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

DOCUMENT # P01000042540

1. Entity Name
POWER ENTERTAINMENT RECORDS, INC.



Principal Place of Business

150 EAST SAMPLE ROAD
SUITE 220
POMPANO BEACH, FL 33064

Mailing Address

150 EAST SAMPLE ROAD
SUITE 220
POMPANO BEACH, FL 33064

2. Principal Place of Business

401 E Las Olas Blvd.

Suite, Apt. #, etc.

Suite # 11670

City & State

Fort Laud. FL

Zip
33301

Country

Broward

3. Mailing Address

401 E Las Olas Blvd.

Suite, Apt. #, etc.

Suite # 11670

City & State

Fort Laud. FL

Zip
33301

Country

Broward

6. Name and Address of Current Registered Agent

~~FERREIRA, LOM~~
150 EAST SAMPLE ROAD
SUITE 220
POMPANO BEACH, FL 33064

Name

Lou Ferreira

Street Address (P.O. Box Number is Not Acceptable)

401 E Las Olas Blvd.

Suite # 11670

City

Fort Lauderdale

FL

Zip Code

33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/9/04
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FERREIRA, LOU
150 EAST SAMPLE ROAD SUITE 220
POMPANO BEACH, FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Lou Ferreira
401 E Las Olas Blvd., Suite #11670
Fort Lauderdale, FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100043365571
12/13/04--01058--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou Ferreira

12/9/04

Date

954-234-3234

Daytime Phone #

12/13/04