2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000024547

Entity Name: MUSICATCHER, INC

City-St-Zip:

HOMESTEAD, FL 33031

FILED Oct 08, 2005 Secretary of State

Littly Nai	ine. MOSICA	TOTILE, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
441 NW 4 ⁻ COCONU	1ST AVE T CREEK, FL	33066	18531 SW 267 ST HOMESTEAD, FL 3300	31	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
441 NW 4 ⁻ COCONU	1ST AVE T CREEK, FL	33066	18531 SW 267 ST HOMESTEAD, FL 3300	31	
FEI Number:	: 56-2472789	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GARRETT, PATRICIA A 441 NW 41ST AVE COCONUT CREEK, FL 33066 US			ACHESON, JANET D 18531 SW 267 ST HOMESTEAD, FL 3303		
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: JANET [D. ACHESON		10/08/2005	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GARRETT, PA 441 NW 41ST		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	GARRETT, CH 441 NW 41ST		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DV (ACHESON, JA 18531 SW 26		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JANET ACHESON DP 10/08/2005