2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000085170

Entity Name: PROAUDIOLINE INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD. #319
PMB: 319
CORAL GABLES, FL 33134

New Principal Place of Business:

4343 WEST FLAGLER STREET
SUITE: 200-G
MIAMI, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD. #319
PMB: 319
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 73-1676298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGFELDT, RAYMOND
1825 PONCE DE LEON BLVD. #319
PMB: 319
CORAL GABLES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RAYMOND BORGFELDT
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BORGFELDT, RAYMOND
Address: 1825 PONCE DE LEON BLVD. #319
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete
Name: WAHLQUIST, RAGNE
Address: FRAMNÄSBACKEN 8
City-St-Zip: SOLNA, SE 17166 SE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RAYMOND BORGFELDT P 04/27/2005
Electronic Signature of Signing Officer or Director — Date