

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -4 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000157415 1. Entity Name DAMED UP! RECORDS, INC.					
Principal Place of Business 1508 BAY RD STE 319 N MIAMI, FL 33139			Mailing Address 1508 BAY RD STE 319 N MIAMI, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 562489390			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDE, BRIDGE 1508 BAY RD STE 319 N MIAMI, FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) City 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: <u><i>Bridge Golde</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GOLDE, BRIDGE % 1508 BAY RD STE 319 N MIAMI, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060722010 10/18/05--01072--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIES, EDWARD % 1508 BAY RD STE 319 N MIAMI, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Bridge Golde</i></u>			<u>Oct 2, 05</u> <u>780-332-6278</u> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Bridge Golde
Damed Up Records, Inc.
1508 Bay Road 319, Miami Fl. 33139

Hello Mr Dunlap we spoke on the phone regarding my corporation. You instructed me to send in a letter stating that I did not get the corporation card in the mail.

I got a call from my broker stating that because my account is not active they denied my loan. If at all possible could you please put in the system that this matter has been corrected.

904000157415

Thank you for all of your help.

Ms. Budgi