


FAX TO: TYRONE SCOTT

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000008920	
1. Entity Name CHYNNA PAIGE INCORPORATED	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 19 AM 9:39

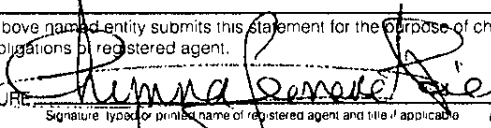
Principal Place of Business 1602 ALTON ROAD MIAMI BEACH, FL 33139 US	Mailing Address 1602 ALTON ROAD MIAMI BEACH, FL 33139 US
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2. Principal Place of Business - No P.O. Box # 1602 ALTON RD	3. Mailing Address 1602 ALTON ROAD
Suite, Apt. #, etc. Suite # 1	Suite, Apt. #, etc. Suite # 1
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Zip 33139
Country USA	Country USA

12082008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent CONSTANT MUSIC INCORPORATED 1602 ALTON ROAD MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name CHYNNA LEONARD-PAIGE Street Address (P.O. Box Number is Not Acceptable) 1602 ALTON ROAD, Ste # 1 City Miami Beach, FL Zip Code 33139
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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, the registered agent. SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable</small>	12/19/08 <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LEONARD, CHYNNA PAIGE	TITLE P	NAME LEONARD, CHYNNA PAIGE
STREET ADDRESS 10 COURS GAMBETTA	CITY-ST-ZIP MONTPELLIER, FR 34000	STREET ADDRESS 1602 ALTON ROAD, #1	CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139
TITLE VP	NAME GUIMOND, MICHAEL	TITLE 500143346145	NAME 02/11/09--01005--014 **150.00
STREET ADDRESS 5 RUE DU FAUBOURG	CITY-ST-ZIP FRANCE, PARIS, PR 75012	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Director 12/19/2008 <small>Daytime Phone #</small> 709 6817
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(33)629201549