

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000095549

1. Entity Name  
MV MUSIC, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:36

REINSTATEMENT 06

Principal Place of Business Mailing Address  
MARTHA MARTHA VICTOR  
1408 BRUCELL BAY DRIVE #SUITE 817  
MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address  
MV-MUSIC CORP.

Suite, Apt. #, etc. Suite, Apt. #, etc.  
1408 BRUCELL BAY DR.

City & State City & State  
Miami, FL 5817

Zip Country Zip Country  
33131 USA

10112006 REIN-P CR2E098 (11/05)

4. FEI Number 43-2088240 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

YERO, ARTURO ESQ  
5805 BLUE LAGOON DRIVE-S80  
MIAMI, FL 33126  
(305) 267-0199 AC.

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, 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 D ☐ Delete  
NAME VICTOR, MARTHA M  
STREET ADDRESS 1408 BRUCELL BAY DR #807  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400082910034  
CITY-ST-ZIP 01/02/07--01049--020 \*\*158.75

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-06

Date

Daytime Phone #

(305) 3368820