
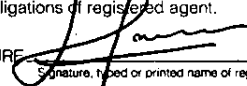
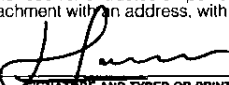


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000098008 1. Entity Name ASCEND STUDIOS CORP						FILED 06 SEP 26 PM 3:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 1400 NE 181 STREET NORTH MIAMI BEACH, FL 33162 US				Mailing Address 1400 NE 181 STREET NORTH MIAMI BEACH, FL 33162 US					
2. Principal Place of Business 915 NW 1st Avenue Suite, Apt. #, etc. 2606 City & State Miami, FL Zip 33136		3. Mailing Address 915 NW 1st Avenue Suite, Apt. #, etc. 2606 City & State Miami, FL Zip 33136		4. FEI Number 09192006 REIN-P		Applied For <input checked="" type="checkbox"/> Not Applicable			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		CR2E098 (11/05) 06			
6. Name and Address of Current Registered Agent RAMOS, JORGE 1400 NE 181 STREET NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NA 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  JORGE RAMOS 9/19/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP P RAMOS, JORGE 1400 NE 181 STREET NORTH MIAMI BEACH, FL 33162				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jorge Ramos 915 NW 1st Avenue, # 2606 Miami, FL 33136					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karla Manon Secretary 915 NW 1st Avenue, # 2606 Miami, FL 33136					
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 600080184386 09/26/06--01055--005 **8.75					
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 100080184411 09/26/06--01055--006 **150.00					
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 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:  JORGE RAMOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/19/06 <small>Date</small>				305-281-6051 <small>Daytime Phone #</small>	