2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123076

Entity Name: ASPHALT PARK ENTERTAINMENT, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3565 NW 195 TERRACE 13552 NW 6TH STREET #202 MIAMI, FL 33056 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

3565 NW 195 TERRACE 13552 NW 6TH STREET #202 MIAMI, FL 33056 PEMBROKE PINES, FL 33028

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, KATHLEEN CHANCELOR, CHRISTOPHER PRES 13552 NW 6TH STREET #202 3565 NW 195 TERRACE MIAMI, FL 33056 PEMBROKE PINES, FL 33028 US

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: CHANCELOR CHRISTOPHER 01/08/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BAKER, GARFIELD CEDENO, JOVANA S Name: Name: 3565 NW 195 TERRACE 13552 NW 6TH STREET #202 Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: PEMBROKE PINES, FL 33028

Title: VΡ Title: (X) Change () Addition () Delete Name: BAKER, KATHLEEN Name: MONTES, FERNANDO

3565 NW 195 TERRACE 13552 NW 6TH STREET #202 Address: Address: MIAMI, FL 33056 PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip:

Title: Title: S/T (X) Delete () Change () Addition

GOMEZ, KADIENNE Name: Name: 3565 NW 195 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHANCELOR, CHRISTOPHER **PRES** 01/08/2008