2009 FOR PROFIT CORPORATION

		MUNUM											
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1. Entity Na. ROCK N	me I LIVE RC	OCK INC.											
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	ce of Busines	18	Mailing Address					TÄLLAHA	WY Ú	FSIAT	E n A		
20100 BEL-AIRE DR. Miami, Fl. 33189			20100 BEL-AIRE DR. Miami, Fl. 33189					TALLAHA	SSEE.	FLUNI	UA		
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2. Principal Place of Business			3. Mailing Address										
Suita, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			08022006	Chg-P	CR2E	034 (11/05)		
City & State			City & State	City & State			4 EEI Numbe	109 490)		Applied For Not Applicable		
Zip Country		Zip Count		тиу			of Status Desired	DR/	\$8.75 Ac	dditional			
6. Name and Address of Current			t Registered Agent	pistered Agent			7. Name and	Address of New R	egistered		90		
NOVAK, NEAL													
20100 BEL-AIRE DR. MIAMI, FL 33189							eet Address (P.O. Box Number is Not Acceptable)						
					City					1 75- 00-	ala.		
9 The chaus					City				FL	Zip Co			
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													
PILE NOWILL FEE IS \$150.00 9. Election Campaign Final Due by September 6, 200 Trust Fund Contribution.						\$5.00 Added	0 May Be to Fees	in accordance w corporation did r	ith s. 607 not receiv	.193(2)(b), e the prior	, F.S., the notice.		
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11		
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I2. I hereby co	ertify that the	information supplied with	this filing does not qualify for	ine exec	notions contain	ned in (Chapter 119, F	iorida Statutes. Tu	rther certif	y that the in	formation		
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 exposured of execute this report as required by Chapter 607, Florida Statutes; and plat my name appears in Block 10 or Block 11 if chapter 607 or an attachment with a state of the control of the corporation of the corporatio													
1/2/60 2/20													
SIGNAT	SIGNATURE: 4/28/09 305 255 72 4 2												