2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P05000150633 07 OCT 29 AM 9: 07 DOLPHIN ENTERTAINMENT DJ & KARAOKE SERVICE INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9330 NW 8TH CIRCLE 9330 NW 8TH CIRCLE PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10052007- REIN P City & State City & State 4. FEI Number 20-3802526 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERCUN, KEITH I Street Address (P.O. Box Number is Not Acceptable) 9330 NW 8TH CIRCLE PLANTATION, FL 33324 City 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 NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change THUE ■ Addition Delete TITLE **90011145**3110729707--01051--019 NAME BERCUN, KEITH I NAME STREET ADDRESS 9330 NW 8TH CIRCLE STREET ADDRESS CITY+S1-7/P PLANTATION, FL 33324 CHY-ST ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIPLE ☐ Change ☐ Addition Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ___ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 1IIL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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.