

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000153145

Entity Name: PULSE RECORDS INC.

FILED
Jul 10, 2007
Secretary of State

Current Principal Place of Business:

677 ASHFORD OAKS DRIVE APT 202
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

875 SUNSHINE LN
SUITE 105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

677 ASHFORD OAKS DRIVE APT 202
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

875 SUNSHINE LN
SUITE 105
ALTAMONTE SPRINGS, FL 32714

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

Name and Address of Current Registered Agent:

ARONOWITZ, CAINE
677 ASHFORD OAKS DRIVE APT 202
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ARONOWITZ, CAINE L
710 CRANES CIRCLE WEST
ALTAMONTE SPRINGS, FL 32701 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: CAINE ARONOWITZ

07/10/2007

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:

Title: P/D () Delete
Name: ARONOWITZ, CAINE
Address: 677 ASHFORD OAKS DRIVE APT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP/D () Delete
Name: CASTOR, ANNA
Address: 677 ASHFORD OAKS DRIVE APT 202
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ARONOWITZ, CAINE L
Address: 710 CRANES CIRCLE WEST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP/D (X) Change () Addition
Name: CASTOR, ANNA
Address: 710 CRANES CIRCLE WEST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SE/O () Change (X) Addition
Name: MICHAEL, SCHREFFLER T
Address: 329 BALOGH PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: TR/O () Change (X) Addition
Name: MCNALLY, RYAN
Address: 651 LOGAN ST
City-St-Zip: LONGWOOD, FL 32750

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: CAINE ARONOWITZ

P/D

07/10/2007

Electronic Signature of Signing Officer or Director

Date