


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 9 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000056793	
1. Entity Name MAIN STAGE ENTERTAINMENT, INC.	

Principal Place of Business 8916 RAMBLEWOOD DR - # 2207 CORAL SPRINGS, FL 33071	Mailing Address 8916 RAMBLEWOOD DR - # 2207 CORAL SPRINGS, FL 33071
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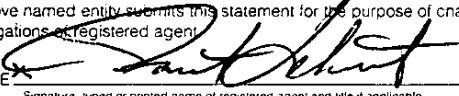
2. Principal Place of Business - No P.O. Box # 8518 Southgate Shores Cir	3. Mailing Address 8518 Southgate Shores Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01022008 REIN-P CR2E098 (1/07)

City & State Tamarac, Florida	City & State Tamarac, Florida	4. FEI Number 20-4754077	Applied For <input type="checkbox"/> Not Applicable
Zip 33321	Country USA	Zip 33321	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEHNERT, FRANK 8916 RAMBLEWOOD DR - # 2207 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Lehnert, Frank Street Address (P.O. Box Number is Not Acceptable) 8518 Southgate Shores Circle City Tamarac FL Zip Code 33321
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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.

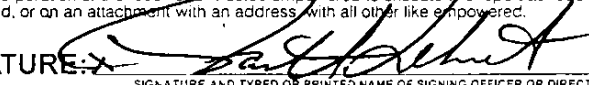
SIGNATURE  DATE 1-7-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHNERT, FRANK 8916 RAMBLEWOOD DR - # 2207 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lehnert, Frank 8518 Southgate Shores Circle Tamarac, FL 33321 <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	800114554198 01/09/08--01029--011 **308.75 <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
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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:  DATE 1-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 954-720-5668

REINSTATEMENT

07-08

1/15a