2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000084398

NEWBLODE, RONALD

N MIAMI BCH, FL 33179

69 NE 210ST

Name: Address:

City-St-Zip:

Entity Name: GRYND HOUSE ENTERTAINMENT. INC

FILED Jun 16, 2009 Secretary of State

Entity Name: GRYND HOUSE ENTERTAINMENT, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
917 NE 19 N MIAMI, F					
Current Mailing Address:			New Mailing Address:		
917 NE 19 N MIAMI, F					
FEI Number	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RAY, ZAC 917 NE 19 N MIAMI, F	9 ST #102				
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: ZACHARY E	ERAY			
	Electronic	Signature of Registered Age	ent	Date	
	•)(b), F.S., the corporation did no rust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () De RAY, ZACHARY E 917 NE 199 ST #1 N MIAMI, FL 3317	02	Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X) DO DAY, GASTON G 3343 NW 193 ST CAROL CITY, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T (X) Do WILLIAMS, DAMIA 6528 RAQUET CLI LAUDERDILL, FL	N UB DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	S (X) De	elete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ZACHARY E RAY PRES 06/16/2009