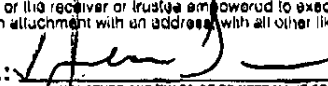


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 20 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044714			
1. Entity Name DENISCO MUSIC, INC.			
Principal Place of Business 4598 SW 35 AVE FT LAUDERDALE, FL 33312		Mailing Address GELBER & COMPANY 11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FET Number 65-0580758		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWNE, JEANNE 4598 SW 35 AVE FT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____		DATE _____	
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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWNE, JEANNE 4598 SW 35 AVE FT LAUDERDALE, FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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		600151478656 04/21/09--01024--008 **300.00	
SIGNATURE: 		14-16-09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	