


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 28 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079015			
1. Entity Name VICEVERSA MUSIC, INC.			
Principal Place of Business 7086 N.W. 109 COURT MIAMI, FL 33178 US		Mailing Address 7086 N.W. 109 COURT MIAMI, FL 33178 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FERNANDO, OSORIO 7086 N.W. 109 COURT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name <u>Maria Poza de Osorio</u> Street Address (P.O. Box Number is Not Acceptable) <u>7086 NW 109 Ct</u> City <u>Miami</u> FL <u>33178</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>10/26/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, FERNANDO 7086 N.W. 109 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Maria Poza de Osorio 7086 NW 109 Ct Miami, FL 33178. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042292296 10/26/04--01065--009 **750.00 <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
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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>10/26/04</u> (305) 4709064 <small>Daytime Phone #</small>	

REINSTATEMENT



10252004 REIN-P CR2E098 (8/04)

4. FEI Number
65-0632693

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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