

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 DEC -8 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003295

1. Limited Liability Company's Name
Rollout Records, LLC

2. Principal Office Address 2020 NW 119th Street		3. Mailing Office Address 835 Mullrany Drive	
Suite, Apt. #, etc. #1122		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Coppell, Texas	
Zip 33167	Country USA	Zip 75019	Country USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
02/07/02

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Antonio Bryant

Street Address (P.O. Box Number is Not Acceptable)
2020 NW 119th Street

Suite, Apt. #, Etc.
#1122

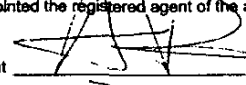
City
Miami

State
FL

Zip Code
33167

400082402574
12/08/06--01043--005 **259.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **12-04-06**

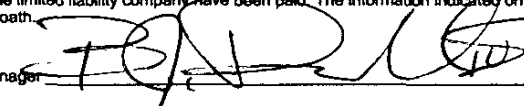
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Antonio Bryant	835 Mullrany Drive	Coppell, Texas 75019
MGRM	Bobby Paschal	2305 Superior Street	Opa Locka, Florida 33054
MGRM	Shawn Bryant	2020 NW 119th Street	Miami, Florida 33167

REINSTATEMENT *2004 2006*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapters 608-F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date **12-04-06** Daytime Phone# **305-986-4132**

Typed or printed name of signing Managing Member/Manager **Bobby Paschal IV**