
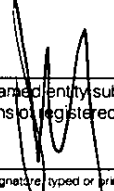
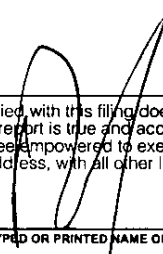


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 15 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000082667					
1. Entity Name THE MAINSTREAM RECORDS GROUP, INC.					
Principal Place of Business 22643 NW MEREDIANA BOCA RATON, FL 33433 US			Mailing Address 2139 N BEACHWOOD DRIVE LOS ANGELES, CA 90068 US		
2. Principal Place of Business		3. Mailing Address 9100 WILSHIRE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400W			
City & State		City & State BEVERLY HILLS, CA		11032006 REIN-P CR2E098 (11/05)	
Zip		Country		4. FEI Number 20-0122548	
Zip 90212		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAD, MOLLY 22643 NW MEREDIANA BOCA RATON, FL 33433			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 			TAMARA SHAD		DATE 11/9/06
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, 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	P SHAD, MOLLY 22643 NW MEREDIANA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAMARA SHAD 22643 NW MEREDIANA BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO POORE, MARK H 2139 N BEACHWOOD DRIVE LOS ANGELES, CA 90068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081825012 11/15/06--01055--011 ***750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			TAMARA SHAD		DATE 11/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					DAYTIME PHONE # 310-271-0300

11/17/06