Organization ID # 0270279 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of Sta

0270279.09

mstratton **PRPF**

Alison Lundergan Grimes **Kentucky Secretary of State**

Received and Filed: 10/2/2012 1:33 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the year 2012

RST

Exact organization name and principal office address MUSIC MAGIC, INC. **10312 EASUM LOUISVILLE KY 40299**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

DAVID HOUSE 10312 EASUM LOUISVILLE, KY 40299



Principal Officer specified, officer address	s - List the name, address and title of all cur es default to the principal office address. Corpo	rent officers. All organizations must list at least one (1) officer, rations are required to list a Secretary or other officer serving a	even in the case of a sole officer. If not is records custodian
Sole Officer	DAVID HOUSE		
		e).No listing of directors is verification that the corporation has	dispensed with directors. If not specified,
director addresses defaul	t to the principal office address.		<u> </u>
2012. The undersign	ned states that the grounds for dis	eptember 11, 2012 because the entity did not fil solution either did not exist or have been elimin used is a check in the amount of \$115.00, paya	nated, and the entity's name
Under penalty of pe	erjury, the below signed hereby auti	horizes the Kentucky Department of Revenue t Secretary of State, as required for reinstatemen	o release any applicable tax
If not an officer of	said entity, please provide a Declara	ation of Power of Attorney with the Reinstateme	ent Application.
X	I Keren	Dog hust	9-27-12
Signature of office	er or chairman of the beard (Required)	Title (Required)	Date (Required)



EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

Steven L. Beshear Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Joseph U. Meyer Secretary

William Monterosso
Executive Director

Date: 10/02/2012		
MUSIC MAGIC, INC.		
Dear Sir/Madam:		
	KRS 14A.7-030(1)(f) CERTIFICATE	

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0270279





THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

October 1, 2012

MUSIC MAGIC, INC. 10312 EASUM LOUISVILLE KY 40299

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **MUSIC MAGIC**, **INC**. has filed Kentucky Income Tax Returns through the tax year ended 12/31/2011, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Darrell Young Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2127 FAX# 502-564-3392

Kentucky Secretary of State organization number 0270279

