

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-1887
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32309
 TOLL FREE No. 1-800-942-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Handwritten: PENDING
 OK
 1/2

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	12/31/96	_____	_____
TIME	3:30	_____	CK No. _____
BY	CD	_____	_____

WALK-IN
 Will Pick Up _____

Handwritten: 341692
 of
 Capital Entertainment Group, Inc.

<input type="checkbox"/> Capital Express SM <input type="checkbox"/> Art. of Inc. File <input type="checkbox"/> Corp. Record Search <input type="checkbox"/> Ltd. Partnership File <input type="checkbox"/> Foreign Corp. File <input type="checkbox"/> () Cert. Copy(s) <input checked="" type="checkbox"/> Art. of Amend. File <input type="checkbox"/> Dissolution/Withdrawal <input type="checkbox"/> C U S- <input type="checkbox"/> Fictitious Name File <input type="checkbox"/> Name Reservation <input type="checkbox"/> Annual Report/Reinstatement <input type="checkbox"/> Reg. Agent Service <input type="checkbox"/> Document Filing <input type="checkbox"/> Corporate Kit <input type="checkbox"/> Vehicle Search <input type="checkbox"/> Driving Record <input type="checkbox"/> Document Retrieval <input type="checkbox"/> UCC 1 or 3 File <input type="checkbox"/> UCC 11 Search <input type="checkbox"/> UCC 11 Retrieval <input type="checkbox"/> File No.'s, _____ Copies <input type="checkbox"/> Courier Service <input type="checkbox"/> Shipping/Handling <input type="checkbox"/> Phone () _____ <input type="checkbox"/> Top Priority <input type="checkbox"/> Express Mail Prep. <input type="checkbox"/> FAX () _____ pgs.	C.C. FEE. 96 DEC 31 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000002043000-5 -12/31/96 04107-007 *****35.00 *****35.00 96 DEC 31 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	DISBURSED RECEIVED DEC 31 AM 3:59 DIV. OF CORPORATE REGISTRATION
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SUBTOTALS

FEE.....	_____
DISBURSED.....	_____
SURCHARGE.....	_____
TAX on corporate supplies.....	_____
SUBTOTAL.....	_____
PREPAID.....	_____
BALANCE DUE.....	_____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTE, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

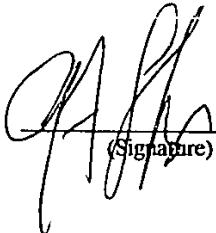
1. THE NAME OF THE CORPORATION:

PILLAR ENTERTAINMENT GROUP, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Name: G.F. LABROZZI
Address: 2101 BRICKELL AVENUE
SUITE 306
City, State, Zip MIAMI, FLORIDA 33129

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

12-30-96
(Date)

96 DEC 31 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA