


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 17 AM 8:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # 620593

1. Corporation Name
A A MOVIE PRODUCTION, INC.

Principal Place of Business Mailing Address

AA MOVIE PRODUCTION, INC.
1510 NE 130 ST. N. MIAMI FL. 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

mwb

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 5.10.1999 1-17-97

5. FEI Number 59-1964933

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	KOLOVRAT, ANTON	1510 NE 130TH STREET	NORTH MIAMI, FL 33161

8. Name and Address of Current Registered Agent

ANTON KOLOVRAT
1510 NE 130 ST.
N. MIAMI FL. 33161

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] Date 1.6.1997

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: ANTON KOLOVRAT Date 1.6.1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E040 (12/95)