TO: Qualification/Registration Section Division of Corporations
SUBJECT: CROWING ROOS TER ARTS. INC (Name of Corporation)
Dear Sir or Madam: The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following: *****78.75 ******78.75
JOANNE SPADARO (Name of Person)
CROWING ROOSTER ARTS, INC
180 WEST BROADWAY - RM 302
NEW YORK, NY 100/3 (City, State and Zip Code)
For further information concerning this matter, please call: John Buchhelt at 2/2 - 605-3/2
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

STF FL32232F.2

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CROWING ROOSTER A	
(Name of corporation: must include the word "INCORPORATE import in language as will clearly indicate that it is a corporation in the name at present. "Company" or "Co." may not be used as	on instead of a natural person or partnership if not so contained
2. NEW YORK	3-3693565
2. NEW YORK (State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. NEW YORIC (Date of Incorporation)	5 PERPETVALS =
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/2000	
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	
·	7 2 0
7. 180 WEST BROADWAY	2
7. 180 WEST BROADWAG NEW YORK, MY 100 (Current mailing address)	√3
(Current mailing address)	A CONTRACTOR OF THE CONTRACTOR
8. EDUCATIONAL FILMS PRODUCED	
(Purpose(s) of corporation authorized in home state or country to	o be carried out in the state of Florida)
9. Name and street address of Florida registered agen	,
GARY SANON-DULES (Name	(Manager)
(Name	s)
TAP TAP RESTAURANT	819 STH STREET
(Office add	dress)
MIAMI BEACH	Florida, 33139
(City)	(Zip Code)
0. Registered agent's acceptance:	
Having been named as registered agent and to accept servi	ice of process for the above stated comparation at the
place designated in this application, I hereby accept the ap	pointment as registered agent and agree to act in this

capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete

performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

STF FL32232F.3

10 Ni	and addresses of officers and/or directors: (Street address only - P. O. Box NOT acceptable)	
A DIREC	TORS (Street address only - P. O. Box NOT acceptable)	
Chairman:	KATHORIJE KEAN	
Address	CL CROWING ROOSTER ARTI	2. 23,71
Address:	KATHATUNE KEAN C/O CROWING ROOSTER ARTI 180 WEST BRUADINAY, NEW YORK, NY 10013	CARETE
	man:	
Address: _		
Director: _	DAVID BELLE	91.13 <u>1</u> 1.5
Address: _	180 WEST BROADWAY RM302. NEW YORK, NY 10013 REMSENBURG. NY 11960	. z Atu d
_	REMSENBURG. NY 11960	والمنظ والماري
Director:	ALBERT MAYSLES	
Address: _	ONE WEST 722 STREET	ر میر ماند
: _	NEW YORK, NY	7
	New York, かり CERS (Street address only - P. O. Box NOT acceptable)	·
B. OFFIC	·	
B. OFFICE President:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President: Address:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President: Address: Vice President	lent:	
B. OFFICE President: Address: Vice President Address:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President: Address: Vice President Address: Secretary:	CERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President: Address: Vice President Address:	TERS (Street address only - P. O. Box NOT acceptable)	
B. OFFICE President: Address: Vice President: Address: Secretary: Address:	lent:	
B. OFFICE President: Address: Vice President: Address: Secretary: Address: Treasurer:	lent:	
B. OFFICE President: Address: Vice President: Address: Secretary: Address:	lent:	
B. OFFICE President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If	dent: Cere Cere	
B. OFFICE President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If	lent:	

State of New York Department of State

I hereby certify, that the certificate of incorporation of CROWING ROOSTER ARTS, INC. was filed on 07/06/1992, as a Not-for-Profit corporation and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of December one thousand nine hundred and

puty Secretary of State

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