PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPLICATION

SIGNATURE: SIAM

1. Corpora	UMENT# FUUU ation Name MANAGEMENT ENTE	RPRISES,				10 44	PM 6: 34	
Principal Place of Business Mailing Address					+			
3083 N. LIMA STREET BURBANK CA 91504			3083 N. LIMA STREET BURBANK CA 91504					
2. New Pri	incipal Office Address, If Applicable		arough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/06/2000		
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			5. FEI Number		
City & State		City & Star						
Zip Country 2		Zip		Country		6. CERTIFICATE OF STATUS DESIRED (1987) Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	ınd/or Director (I	Florida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	and/av Discotore		Street Address of Each Officer and/or Director				
P	CHACON, RON A			10205 FAIRGROVE AVENUE		TUJUNGA CA		
٧	CHACON, ANGELA	HACON, ANGELA		10205 FAIRGROVE AVENUE		TUJUNGA CA		
						900047214698 -12/12/0101086021 ****158.75 ****158.75		
	8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
NEGGRETTO, GIOVANNI N 5618 RIDGEWAY DRIVE ORLANDO FL 32819				Name Neggretto Cionani N Street Address (P.O. Box Number is Not Acceptable) 790.3 CLOBNOUSE Estation Dr. Suite, Apt. #, Etc. City State Zip Code			Zip Code	
10. I, being	appointed the registered agent of the	above named cor	poration am f			FL	32819	
Signature of Registered A	J. S. S. S. L.	FÜR [TRE	and accept the o	Enganorio di 380	44	-0/	
this reins	that I am an officer or director or the re statement application, the reason for di the corporation have been paid and the pplication is true and accurate, and my	ssolution has bee se names of indiv	en eliminated, i riduals listed or	the corporate name satisfies in this form do not qualify for	the requirements an exemption un	of section 607.0401 or 617.040	1. F.S. that all fees	

28 Nav 2001 (818) 973-2900



November 28, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Document #F00000003779

Dear Florida Department of State:

Please see that I received this notice of revocation of our corporate status in the state of Florida due to failure to file an annual report/uniform business report, in accordance with Florida Statutes. This report was due by September 11, 2001.

This was the first year that we had been registered with Florida as a foreign corporation. I never received any other form in the mail with a request for this information until I received this notice. Task Management does business in many other states and this is the first time I have a received a notice like this.

I called your office and the person that I spoke to told me that we have to pay a \$600 reinstatement fee in order to reinstate our corporate status. I would like to request that this fee be waived because I did not receive any earlier request for this information.

Please see that I am sending a check in the amount of \$150 for the annual registration of our corporation plus \$8.75 for a new certificate of status. I am hoping that this will be sufficient and that our corporate status will be restored. If this is not ok, please let me know and I get the \$600 dollars together and send it to you.

Sincerely,

Kristin Garrett-Jarvis Treasury Secretary