To: Qualification/Tax Lien Section Division of Corporations

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	lification/Tax Lien sion of Corporation		- :	48.			
SUBJECT:	ETARBA	MUSIC	CORP.				
		(Name of corp	ooration - must in	clude suffix)			
Dear Sir or N	ladam:						
"Certificate of	"Application by F of Existence", and c siness in Florida.	oreign Corporation heck are submitt	on for Authorizated to register the	above referen	ct Business in	corporation	
Please return	all correspondence	concerning this	matter to the foll		-08/01	./00010	10003
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		(Na	me of Person)		· · · · · · · · · · · · · · · · · · ·		
	GARBH	<i>Mus/C</i> (Fir	CORP.		<u>.</u>		
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	_ 0 0 10		(Address)	<u>/</u>	· · · · · · · · · · · · · · · · · · ·		-
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	•	(Ci	ty/State/Zip)				7
Should you no	eed to call someone	concerning this	matter, please ca	11:	かロスしいにた	L 31 P	The state of the s
Rolando	GARBALOSA		05 790		r C	PH 12:	J
(Nam	ne of Person)	(1	Area Code & Day	time Telephor	ne Number)	27	
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STREET AD	DRESS:		MAILIN	G ADDRESS	:	no con	Hid
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 follow	ing amount:					
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status &					s &		

Certified Copy

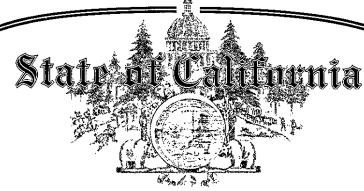
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
Frank Music Copp
1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. <u>CALI for IVIA</u> (State or country under the law of which it is incorporated) 3. <u>95-4565178</u> (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Jan 24 1995 (Date of incorporation) 5. Penperval (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist of perpetual)
6
(Date first transacted business in Florida!) (SEE SECTIONS 607.1501, 607.1502 and 817.153, F.S.)
7. 5695 NW 84± Aue
MIAMI FL 33166
(Current mailing address)
8. Music Industry
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable
Name: ROLANDO GARBAIOSA Office Address: 5695 NW 84th Ave
Office Address: 5695 NW 84th Ave
MIAMI FC , Florida, 33/66
Office Address: $\frac{3693}{MBM} = \frac{3700}{Florida}$, Florida, $\frac{33166}{(Zip code)}$
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 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)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

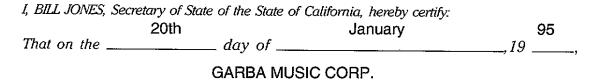
which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)
Chairman:	
Address: _	
Vice Chairn	nan:
Address: _	
_	
Director: _	
Address: _	· · · · · · · · · · · · · · · · · · ·
_	
Director: _	
Address: _	
President: _ Address: _ - Vice Preside	ERS (Street address only - P.O. Box NOT acceptable) Rolando GARBA/OSA 4686 W 118 ST HAU FRONNE CB 90250 ent:
Secretary: _	
Address: _	
Treasurer:	·
Address:	
NOTE: If	necessary fou may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Ro/ANDO GAKBA/OSA PRESIDENT. (Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION



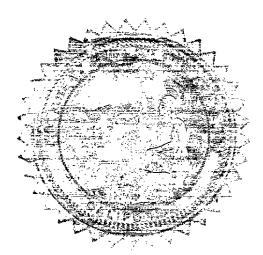
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 30, 2000

Jelfones

Secretary of State