

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F01000001960

1. Corporation Name
 SHARK PRODUCTIONS, INC.

Principal Place of Business Mailing Address
 DISNEY MGM STUDIOS 4000 WARNER BLVD.. BLDG. 76
 648 STATE LANE, BUNGALOW #2 BURBANK CA 91522
 LAKE BUENA VISTA FL 32830



700009046187
 11/18/02--01042--017 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/11/2001	
City, State		City & State		5. FEI Number	
Zip		Country		52-2297202	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTCD	ROBINSON, JAMES G	10 EAST LEE STREET, SUITE 2705	BALTIMORE MD 21202
S	WEST, JANET M	10 EAST LEE STREET, SUITE 2705	BALTIMORE MD 21202

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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. or 617.0505, F.S.

Brian Courtney
Asst. V Pres

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 11-1-02

REGISTERED AGENT MUST SIGN

11. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: *[Signature]* **SIGNATURE REQUIRED** Date: 11/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/02)



November 11, 2002

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

Re: Shark Productions, Inc.

To Whom It May Concern:

I am writing on behalf of Shark Productions, Inc. to file the Application for Reinstatement.

We did not receive the two prior uniform business report notices referenced in the instructions and therefore are enclosing \$150 which covers the Annual Report Fee (\$61.25) and the Corporate Supplemental Fee (\$88.75) as indicated in the Application for Reinstatement Instructions.

If there are any additional items needed to receive this letter, please notify me at (818) 954-7208. Please process this application as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Kaplan", written over a white background.

Howard Kaplan
Chief Financial Officer

Enclosures

Morgan Creek Productions

4000 Warner Boulevard
Building 76
Burbank, CA 91522
Telephone: (818) 954-4800
FAX: (818) 954-4811

The Towers at Harbor Court
Suite 2705
10 East Lee Street
Baltimore, Maryland 21202
Telephone: (410) 752-6688
FAX: (410) 539-0404