F02000001215

TRANSMITTAL LETTER

TO:	Registration S Division of Co	
SUBJ	ECT:	SQUAREMOON, INC.
5020	<u></u>	(Name of corporation - must include suffix)
Dear S	Sir or Madam:	
"Certif		ion by Foreign Corporation for Authorization to Transact Business in Florida", e", and check are submitted to register the above referenced foreign corporation lorida.
Please	return all corres	ondence concerning this matter to the following: 70004980867— -02/21/02—01042—002 ******70.00 ******70.00
		(Name of Person)
		SQUAREMOON, INC. WOZ-5302
		(Firm/Company)
	3000 U.	INELSAL STUDIOS PLAZA BLDG32, SUITE 601
		(Address)
		ORCANDO FLORIDA 32819
		(City/State and Zip code)
For fu	ther information	concerning this matter, please call:
MA	(Name of Pers	at (407) B32 B172 S (Area Code & Daytime Telephone Number)
STRE Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallaha	assee, FL 32399	Tallahassee, FL 32314
Enclos	ed is a check for	the following amount:
\$70	.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

February 25, 2002

MARK RAMBO 2000 UNIVERSAL STUDIOS PLAZA BLDG 32, STE 601 ORLANDO, FL 32819

SUBJECT: SQUAREMOON, INC. Ref. Number: W02000005302

We have received your document for SQUAREMOON, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 402A00011475

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

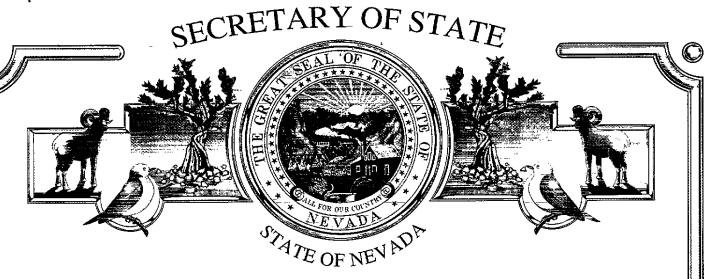
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1SQUAREMOON, INC.
(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. VEVADA 3. 35.0866965 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Tuy 1998 (Date of incorporation) 5. PERPENA (Duration: Year corp. will cease to exist or "perpetual")
(Date of incdrporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2000 UNIVERSAL STUDIOS PL BLDG 32, 5T LOL (Principal office address)
(Principal office address)
OLLANDO, FLORIDA 32319 (Current mailing address)
(Current mailing address).
(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: Street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Street address: 3) 9) Masure Blood. Suffe box Office Address: 3) 9) Masure Blood. Suffe box (City) (City) To 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 which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECT		
Chairman:	JOHN F. DALE	
Address:	2000 UNINELSA/ STUDIOS P/, BLDG 32, STE	601
	OCLANDO, FLOUDA 32819	
Vice Chairmai	an:	
Address:		
	MARK C. RAMBO	
Address:	2000 UNIVERSAL STUDIOS Pl. BIDG 32 ST	F 1001
	MARK C. RAMBO 2000 UNIVERSAL STUDIOS PI, BLDG 32, 57 ORLANDO, FLORIDA 32819	
	,	
B. OFFICE	ERS	
resident.	MARK C. RAMBO SAME AS ABOVE	02 SE
Address:	7446 K3 AU-12	
	مبعة حري الاستان المساورة	
Vice President	nt:	8 11
Address:		
•		2: 29 TAIE
Secretary:	JOHN E. DALE	9
Address:	GAME AS ABOVE	
Freasurer:		
Address:	MARK C. RAMBO SAME AS ABOVE	
	necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	dication)
	•	тоанон)
14	(Typed or printed name and canacity of person signing application)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **SQUAREMOON**, **INC**. as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **July 14**, **1998**, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **February 15, 2002.**

Secretary of State

Certification Clerk