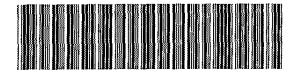
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(Reques	stor's Name)
(Address	s)
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(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer;

Office Use Only



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F03-2254



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 10, 2003

BARBARA BLAXCHARD 18818 CEDAR VALLEY WAY NEWHALL, CA 91321

SUBJECT: MOTION PICTURE CAPITAL INCORPORATED

Ref. Number: W03000006758

We have received your document for MOTION PICTURE CAPITAL INCORPORATED 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 003A00014957

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: #10TION PICTURE CAPITAL THE	
(Mame of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Rohmo Rlalchorn	
(Name of Person)	
BIB TAX SEVIJICES	
(Firm/Company)	
18818 (EDAR UA/ISI WAI	
(Address)	
NEWHALL CA. 91321	
(City/State and Zip code)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
KANIMA KIAIPAANA	<u>=</u> ,
(Name of Person) (Area Code of Dayting Telephone Pullioci) (1)	
	7
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

10. Registered agent's acceptance:

you

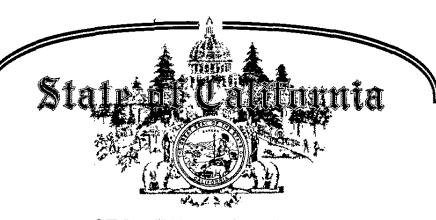
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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. DIRECTORS	
Chairman:	
Address:	
	·
Vice Chairman:	
Address:	
and the same of th	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	3 6 8 -
President: <u> </u>	4/Z 55 5.
Address: 4040 M-6. 24 Mb #	757 J T
Vice President:	W E U
Address:	
	ا () گاهی از این از این از این این از ا این این از ا
Secretary:	
Address:	
Treasurer:	<u></u>
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. The the	
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. ODE CHAISZ PIEGLASIT	ian)
(Typed or printed name and capacity of person signing applicati	iou)



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

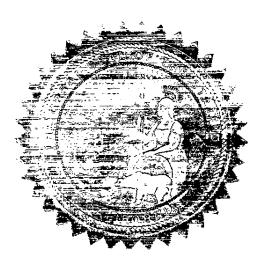
That on the 9TH day of MAY, 1996, MOTION PICTURE CAPITAL, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 May 1, 2003.

KEVIN SHELLEY Secretary of State