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Special Instructions to	Filing Officer:	
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Jusi Auserra 10688 41St Court Clearwater, FL 33762

To: Florida Dept of State. Division of Corporations Date: October 10,2006

Dear Siron Madam;

I have no cintention of revaking the dissolution of Vox Sheatre Company, Anc. in the State of Horida.

Lisa Inserra

ENCL: CERTIFICATE OF GOOD STANDING NY STATE

COVER LETTER

Division of Corporations
SUBJECT: 6x 4 Lea tre Company Inc. (Name of Corporation - must linclude suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Lisa Inserva (Name of Person)
Vox theatre Company, Inc
10688 41ST Court
(Address)
City/State and Z/p Code)
For further information concerning this matter, please call:
Misa INSEVVa at (727) 571-1057 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
Certificate of Status S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "OORPORATION" 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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) aw of which it is incorporated e to exist or ia if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: Florida 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.

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.

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12. Names and addresses of officers and/or directors:	3	
A. DIRECTORS	<u></u>	المستورية المستورية المستورية
Chairman:	=======================================	- 955 - 955
Address:	0	
Vice Chairman:	~ #	
Address:		. no ses Tylundselde
	<u> </u>	
Director:	er T	j tektor
Address:	<u> </u>	
	, ·	· —
Director:		·
Address:		F 4 =:
	<u></u>	
B. OFFICERS		
President: Lisa Inserra	<u> </u>	
Address: 10688 4/St Court		
Clearwater, FL 33762		
Vice President Robert Schumacher Brink		
Address: 149 West 95 St		
NU, NY 10025		المراجعة المساد
Secretary: Jennifer Shane		
Address: 2459 Columbia Dr. #37 Clearwater, +	<u> </u>	3.763
Treasurer:		-
Address:	<u>.</u>	. <u></u>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	<u>-</u>	
14. Li Sa Inserva Pres. (Typed or printed name and capacity of person signing application)	<u></u> -	
(Typed or printed name and capacity of person signing application)		

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VOX THEATRE COMPANY INC. was filed on 01/15/1997, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of September two thousand and six.

ecial Deputy Secretary of State

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