

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

00 FEB -7 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006574

1. Corporation Name

MDMP Corporation

Principal Place of Business
700 West Ball Road
Anaheim, CA 92802

Mailing Address
500 S. Buena Vista Street
Burbank, CA 91521-0586

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/96

300003137519--0

5. FEI Number -02/16/00--01068--015

95-4456456 *****8.75

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
Director	Richard A. Adler	1370 Avenue of the Americas	New York, NY 10019
Director	David M. Levy	1370 Avenue of the Americas	New York, NY 10019
Director	David K. Thompson	500 South Buena Vista Street	Burbank, CA 91521
President	Richard A. Adler	1370 Avenue of the Americas	New York, NY 10019
V/S	David M. Ledy	1370 Avenue of the Americas	New York, NY 10019
V/T	David Silvers	1370 Avenue of the Americas	New York, NY 10019

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name 300003137519--0
Street Address (P.O. Box Number is Not Acceptable) -02/16/00--01068--016
Suite, Apt. # Etc. 300003137519--0
City -02/16/00--01068--017
*****8.75

REINSTATEMENT

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.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date

2/7/2000

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

(818) 560-1000

Daytime Phone #