

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 192



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004893

1. Corporation Name
SHARUCO MANAGEMENT LIMITED CO.

2. Principal Office Address
P.O. Box 556
Charlestown, Nevis

3. Mailing Office Address
5800 Bch Blvd., 203-329
Jacksonville, Fla. 32207

City & State
Charlestown,

City & State
Jacksonville, Florida

Zip Country
Nevis USA

Zip Country
32207 USA

4. Date Incorporated or Qualified
To Do Business in Florida 9-19-97

5. FEI Number 98-0174689
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name
Don Fleming
Street Address (P.O. Box Number is Not Acceptable)
c/o 1012 Crestdale Street
Suite, Apt. #, Etc.
City Jacksonville, Florida 32211
State FL Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 6/21/2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ vp	John Titley	P.O. Box 556	Charlestown, Nevis W.I.

10. 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Titley, VP
Date 6/21/2000 Daytime Phone # 869 469-1612

CR2E081 (9/99)

SHARUCO MANAGEMENT LIMITED CO.

P.O. BOX 556
Charlestown, Nevis W.I.

5800 Beach Blvd., 203-329
Jacksonville, Florida 32207
America

Phone 904 725-0468
Fax 904 725-0468

48292

June 21, 2000

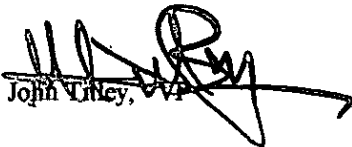
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

We never recieved a form for the annual report for Sharuco Managment (F97000004893) for 2000. Yesterday I recieved a requested form from your office which is attached. A call to your office a few days ago instructed me to request this form; complete and then ask for a waiver of the re-instatement-fee due to the fact that we did not recieve the original form.

Also please find a completed form for Global Broadcasting Limited Partnership (A97000002024) which we understand cannot be filed until after the form for the General Partner is filed.

Thank You for your attention to this matter.


John Utley, VP