TOTOOOO6200 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section	
Division of Corporations	
SUBJECT: PRESSURE DROP PRODUCTIONS	
(Name of corporation - must include suffix)	•
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busine "Certificate of Existence", and check are submitted to register the above referenced foreign transact business in Florida.	ess in Florida", ign corporation to
Please return all correspondence concerning this matter to the following:	23550181
MARIEN STENSETH -11/	24/9701021001
(Name of Person)	**70.00 *****70.00
SATTLIAND & HILTON, INC. (Firm/Company)	- p11/24
11661 SAN VICENTE BOULEVARD, STE 615 (Address)	SEGNETAR DIVISION 24 97 NOV 24
LOS ANGELES CA 90049	2
LOS ANGELES, CA 90049 (City/State/Zip)	्री <u>र</u> ्जिल
Should you need to call someone concerning this matter, please call:	### 100 PM
	O
MALEN STENSETH at (310) 826-8356 (Name of Person) (Area Code & Daytime Telephone Nu	mber)

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

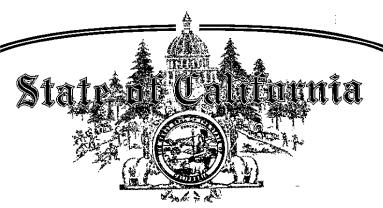
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
<u>.</u>		
. Pressur	RE DEOP PRODUCTIONS, INC. ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
do on obbravi	victions of like import in language as will clearly indicate that it is a corporation distribute of the	
natural person or	or partnership if not so contained in the name at present.)	
-		
2. CALIFOR	2N1A 3. 95.4132081 (FEI number, if applicable)	
(State or country	y midel the law of which it is also possess,	
10/2	26 87 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Date	te of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
e UPON	QUALIFICATION DESCRIPTION DESC	
(Date first	at transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. C/o SATR	PLIANO & HILTON, INC. 11661 SAN VICENTE BLYD. STE 615 5	
LOS AN	(Current mailing address)	
- 1.101+T+\	NG SERVICES FOR MOTION PICTURE PRODUCTION S	
8	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	
	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	CHARLES P. PFANCER, III	-
Office Address:	3547 RICHMOND STREET	
	MACKSONVILLE, Florida, 32205	
	UACKSONVILLE, Florida, 32205 (Zip code)	
_	agent's acceptance:	
Having been nam	ned as registered agent and to accept service of process for the above stated corporation at the place designate	:d
in this application	ned as registered agent and to accept service of process for the agree to act in this capacity. I further agree to m, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with bligations of my position as registered agent.	ı
and accept the ob	bligations of my position as registered agent.	
_		
	(Registered agent's signature)	
	·	
11. Attached is a Department of Sta	a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the tate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the I	aw.

of which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

,	CHARLES P. PEARER, III			
	3547 RICHMOND STREET			···
	JACKSONVILLE, FL 32205		<u> </u>	<u> </u>
ice Chairm	nan:	· · · · · · · · · · · · · · · · · · ·		. .
Address:				
 Director:		-		
Address: _				
 Director: _				
			•	
	CERS (Street address only - P.O. Box NOT acceptable)		97 97	<u> </u>
	CHARLES P. PEARLER, III			
Address: _	3547 RICHMOND STREET	<u>.</u>	2 <u></u> =	
_	VACKSONVILLE, FL 32205			20 20
Vice Presid	lent:		<u> </u>	armet T T B
Address: _			· +\$	<u> </u>
Secretary:				
_				
Treasurer				
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and			
14	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the CHARLES P. PEARRER, III PRESIDENT (Typed or printed name and capacity of person signing application)			



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

PRESSURE DROP PRODUCTIONS

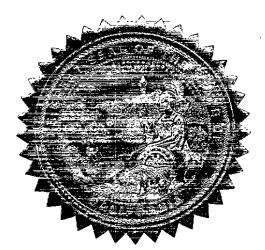
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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

NOVEMBER 17, 1997

Billyones

Secretary of State