F9800000H497 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: La Rue's Artist Management, Inc. (Name 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: ******70.00 ******70.00
Jacqueline Reynolds (Name of Person)
La Rue's Artist Management, Inc. (Firm/Company)
2805 9th Street North (Address)
Tampa, FL 33605 (City/State/Zip)
Should you need to call someone concerning this matter, please call: William Ashbourne John (404) 696 - 5009

COURIER ADDRESS:

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

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

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SECRETARY OF STATE DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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.)
2.	(State or country under the law of which it is incorporated) 3. 59-3520569 (FEI number, if applicable)
4.	(Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	2805 9th St. North Tampa, FL 33605 (Current mailing address)
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agents (P.O. Bay or Mail Drop Bay NOT acceptable)
	Name: Jacque line Reynolds Fice Address: 2805 946 5t. North Tampa, Florida, 331e05 (Zip code)
10	Registered agent's acceptance:
in co	this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with d 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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Jacqueline. Reynolds
Address: 2805 N 94 Street
Tampa, FL 33605
Vice Chairman: BJ Smith
Address: 4812 N. Highland Avenue
Tampa, FL 33603
Director: Helen Gowins
Address: 3012 E. Delevil Avenue
Tampa, FL 33610
Director: Sharrel Carter
Address: 4208 W. Arch Street
Tampa, FL 33607
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: <u>Jacqueline Reynolds</u>
Address: 2805 N. 94 Street
Vice President: BJ Smith
Address: 4812 N. Highland Avenue
Tampa, FL 33603
Secretary: Helen Gowins
Address: 3012 E. Delevil Avenue
Tampa, FL 33/6/0
Treasurer: Sharrel Carter
Address: 4208 W. Arch Street
Tampa, FL 33607
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Araplu Kenelles ##
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>Jacqueline Reynolds - Chairman</u> (Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

. 982010676 DOCKET NUMBER 9823900 CONTROL NUMBER DATE INC/AUTH/FILED: 06/23/1998 JURISDICTION : GEORGIA . 07/20/1998 PRINT DATE

FORM NUMBER : 211

WILLIAM ASBORN PO BOX 110070 ATLANTA GA 30311-0070

CERTIFICATE OF EXISTENCE

1, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> LA RUE'S ARTIST MANAGEMENT, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date... Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

SECRETARY OF STATE

