


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K41841					
1. Corporation Name Disc-Jockey, Incorporated					
2. Principal Office Address 3044 Center Ave			3. Mailing Office Address same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ft Lauderdale, Fl			City & State		
Zip 33308	Country	Zip	Country		

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 

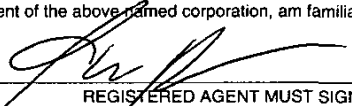
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0083045	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Thomas G. Pye	
Street Address (P.O. Box Number is Not Acceptable) 2787 E. Oakland Park Blvd, Suite 301	
Suite, Apt. #, Etc. Suite 301	
City Ft Lauderdale	State FL
Zip Code 33306	

100003447001-2
-11/01/00-01056-003
****758.75 ****758.75

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 October 18, 2000

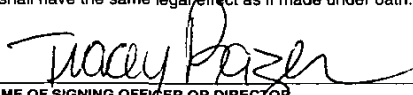
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
p/D	Tracy Prazer	3044 Center Ave	Ft Lauderdale, Fl 33308

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 in 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:

Tracy Prazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



10/18/00

Date

754-561-5938

Daytime Phone #

CR2E081 (9/99)