

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 02 JUL 24 AM 10:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 09177

DOCUMENT # P00000033581

1. Corporation Name  
 FRIDA FILMS, INC.

300006853283--4  
 -08/01/02--01042--013  
 \*\*\*\*\*558.75 \*\*\*\*\*558.75

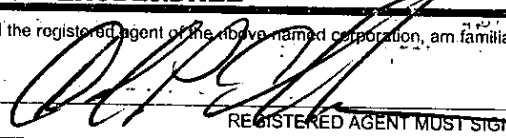
2. Principal Office Address 77 CRANDON BLVD. Suite, Apt. #, etc. 7E City & State KEY BISCAYNE, FL Zip 33149		Country U.S.A.		3. Mailing Office Address 77 CRANDON BLVD. Suite, Apt. #, etc. 7E City & State KEY BISCAYNE, FL Zip 33149		Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida 04/03/00	
5. FEI Number 65-0995869	Applied For 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  
 EHMKE, DANIEL P.  
 Street Address (P.O. Box Number is Not Acceptable)  
 621 SOUTH FEDERAL HIGHWAY  
 Suite, Apt. #, Etc.  
 9  
 City  
 FORT LAUDERDALE  
 State  
 FL  
 Zip Code  
 33301

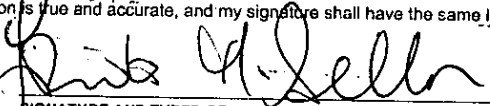
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN  
 Date 07/09/02

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
PSD	SELLAR, FRIDA	77 CRANDON BLVD. #7E	KEY BISCAYNE, FL 33149

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  
 FRIDA SELLAR, PRESIDENT  
 Date 07/09/02  
 Daytime Phone #

CR2E081 (8/07)

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