

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
2002 UBR
DIVISION OF CORPORATIONS

102
FILED

02 DEC 31 PM 2:17

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005463**

1. Corporation Name

CINE-UNIVERSE CORP.

Principal Place of Business

5353 N. FEDERAL HWY.
#405
FT. LAUDERDALE FL 33308

Mailing Address

PO BOX 691516
LOS ANGELES CA 90069
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2002 UBR

000009863310

01/06/03--01040--006 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

65-0594120

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HARGITAY, MICKEY	5353 N. FEDERAL HWY., #405	FT. LAUDERDALE FL 33308
CEOD	HELMER, GEORGE	4129 CLAUDIA AVE.	ROSEMEAD CA 91770
VD	MOZEE, GENE	1232 1/2 SHORT ST.	ARCADIA CA 91006
VD	VALDEZ, JOSEPH	8338 S. SARGENT AVE., #B	WHITTIER CA 90605
V	GALLASCH, WAYNE	P.O. BOX 10164	ADELAIDE B.C. S. AUSTRALIA
S	COMSTOCK, WILLIAM	15 PALOMA AVE. #404	VENICE CA 90291

8. Name and Address of Current Registered Agent

HARGITAY, MICKEY
5353 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mick Hargitay
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/29/02

11. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/02

Date

Daytime Phone #

CR2E040 (8/02)

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Cine-Universe

P.O. Box 691516
Los Angeles CA 90069-9516

December 29, 2002

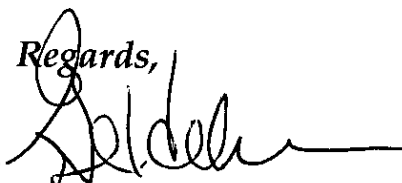
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Document P92000005463

Dear Sir/Madam:

We are in receipt of the Notice of Administrative Dissolution or Revocation. We did not receive any prior notices and request the penalties be waived. We have enclosed the \$150 annual fee as instructed by your office. We have been informed that filing is due between January 1 and May 1 and that the forms are available at your web site at www.sunbiz.org. We hope to file on a timely basis in the future. Thank you for your help and understanding.

Regards,



George Helmer
Chief Executive Officer
Cine-Universe