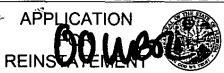
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE HVISION OF CORPORATIONS

00 DEC 27 PM 3: 02



P95000046307 **DOCUMENT #** 1. Corporation Name

OMEGA ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

|--|--|

1233 13TH ASHLAND US								
	ent: Selfo Apt :	ng Office Address, If Applicable		5. FEI Number 55-0743651 6. \$8.75		Applied For Not Applicable Additional Fee required a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each								
Title(s)	and/or Directors	Office 3	er and/or Director		City / State	/ Zip		
PST	_WELLS, JAMES R	10951-NW-3RD-S	TREET_,		CORAL-SPRINGS EL 33071-			
- 0 -	WELLS, JAMES-R	10951-NW-3RD-S	TREET-		CORAL SPRINGS FL 33071			
PSTV	Smith, Samuel W.	heal Isla a Beach,	nd Dr. 21 Fla 3293	= -03/21/01 - 0	3428 1095009 ****150.00			
						though .		
				:	'	12.		
	8. Name and Address of Current Registered Age	ent		9. Name and A	Address of New.Registered Age	nt		
.1 095 †	S, JAMES R NW-3RD-STREET L-SPRINGS FL-33071	Street Address (P.O. Box Number is Nat Acceptable) Suite, Apt. #, Etc.						
CitySat					Deach FL	32937		
10. I, being appointed the registered agen of the above named corporation, an favillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12-15-2000								
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: