PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCUMENT # P96000064790

1. Corporation Name

CADENCE ENTERTAINMENT, INC.

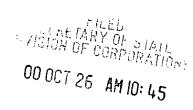
Principal Place of Business

Mailing Address

3700 N W 91ST STREET

3700 N W 91ST STREET

C 200



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c 200 Gainesvili	LE FL 32606		C 200 Gainesville FL 32606			(1001) Oby (CL. 101) O THIS EATH) OBSIL			
If above a	addresses are	incorrect in any way. line t	hrough incorrect in	formation a	nd enter correction below.	REINST	TATEMENT	00	
If above addresses are incorrect in any way, line through incorre New Principal Office Address, If Applicable 3. New M				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/01/1996			
Suite, Apt.	#, etc.		-Suite, Apt. #,	-Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Stat	e		City & State			6.	59-3390444	Not Applicable	
Zip		Country	Zip		Country			Additional Fee required a Certificate of Status	
7. Names	and Street Ad	Idresses of Each Officer ar	nd/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	2		Street Addres Officer and/o						
PCD	CRAWFORD, PATRICIA			1426 N.W. 25TH TERRACE			GAINESVILLE FL 32605		
VD	HENDERSON; GRAHAM				ASSEN STREET		NORTHRIDGE-GA-9182+		
MD	CRAWFORD, WALLACE J JR			1426 NW 25TH TERRACE			GAINESVILLE FL 32605		
VDT	CRAWFORD, ROBERT			3634 NW 51ST TERRACE			GAINESVILLE FL 32606		
VDS ELRAD, RANDI K				8205 S W 44TH TERR			GAINESVILLE FL 32608		
				P15 11		11/1			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
	-				Name			ļ	
CRAWFORD, PATRICIA A 1426 N.W. 25TH TERRACE					Street Address (P.O. Box Numpents Not Acceptable 4 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
GAINESVILLE FL 32605				Suite, Apt. #, Etc.		****750.00 ****750.00			
					City		State FL	Zip Code	
10. I, bein Signature Registered	of	egistered agent of the	above named corporate REGISTERED ACC		······································	obligations of Sect	Date Oct 2	3,2000	
11. I certif	y that I am an instatement a	officer or director or the re	ceiver or trustee e	mpowered to	o execute this application as	s the requirements	apter 607 or 617, F.S. I further of s of section 607.0401 or 617.040	71, F.S., that all fees	

IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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.

CR2E040 (8/