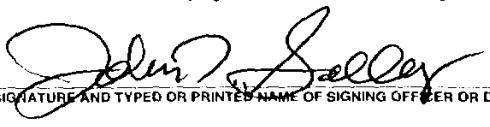


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE  Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA-1000017508</b>			
1. Corporation Name <b>UJAMMA ENTERTAINMENT, INC.</b>			
Principal Place of Business		Mailing Address	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable <b>2934½ Beverly Glen Circle</b> <small>Suite, Apt. #, etc. <b>Suite 313</b></small> <small>City &amp; State <b>Bel Air, California</b></small> <small>Zip <b>90077</b> Country <b>USA</b></small>		3. New Mailing Office Address, If Applicable <b>2934½ Beverly Glen Circle</b> <small>Suite, Apt. #, etc. <b>Suite 313</b></small> <small>City &amp; State <b>Bel Air, California</b></small> <small>Zip <b>90077</b> Country <b>USA</b></small>	
4. Date Incorporated or Qualified To Do Business in Florida <b>February 25, 1997</b>			
5. FEI Number <b>65-0746903</b>			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) <b>1</b> <b>D/P/S/T JOHN SALLEY</b>		Name of Officers and/or Directors <b>2</b> <b>2934½ Beverly Glen Circle Suite 313</b>  <b>3</b> <small>(Do NOT Use Post Office Box Numbers)</small> <b>2934½ Beverly Glen Circle Suite 313</b>  <b>4</b> <small>City / State / Zip</small> <b>Bel Air, California 90077</b>	
<small>8000002807798--2 -03/16/99-01048-016 ****900.00 ****900.00</small>			
<small>8000002807798--2 -03/16/99-01048-017 *****8.75 *****8.75</small>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>NATIONSCORP REGISTERED AGENTS, INC.</b> <b>526 East Park Avenue</b> <b>Tallahassee, Florida 32301</b>		Name <b>PARACORP INCORPORATED</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>236 East 6th Avenue</b> <small>Suite, Apl. #, Etc</small>  City <b>Tallahassee</b> <small>State</small> <b>FL</b> <small>Zip Code</small> <b>32303</b>	
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. <small>Signature of Registered Agent</small> <i>Denice Zellner</i> <small>REGISTERED AGENT MUST SIGN</small>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on intangible tax.)</small>	
12. 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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JOHN SALLEY</b> <small>Date</small> <b>3/11/99</b> <small>Daytime Phone #</small> <b>(818) 789-1288</b>	