PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	PORATIO STATEMEI			S	DEPART (atherine Secretary SION OF CO	e Harris of State		ΤE	,	04	FILE			
DOCUMENT # 797000097484									01 MAY 25 AM 9:51 SECRETARY OF STATE					
•	The recording and video international Inc.									SECRETARY OF STATE TALLAHASSEE, FLORIDA				
			·				;			20000	: 4491.	459-	1	
•	l Office Address		Office Address				•	20000 -07/ ***	17/010 *908.75	10920	16			
	-	7 SmeeT	6157 NW 167 STREET				75		· steebodes	r300.13	*******JU	0.13		
Suite, Apt. #	F-4			Sulte, Apt. #, etc.					4. Date Incorp	orated or Qualified	i. ,	/^ -	<u>1</u>	
City & State	. <u>. </u>			City & State / OCO					To Do Business in Florida 11/14/97					
1,7,7,7,7									5. EEI Number 65-	0801/2	15	Applied Not App		
33	015	ountry <i>U</i>	, S, A.	330	15	Country	SA		6. CERTIFICATE	OF STATUS DESIRE		ditional Fee I		
				7. N	ame and Ad	Idress of C	urrent Re	glatere	d Agent					
	Name STEVE CUIFFO													
	Street Address (P.O. Box Number is Not Acceptable) 6 57 NW (67 STREET Suite, Apt. #, Etc. F-4													
												0	_	
	City Mi	A۲	ri Lal	ýes –	-					State Zip Co	33019	5 yr	$\frac{1}{2}$	
8. I, being Signature of Registered		distate		e named corpor	EVÉ	<i>C</i>	and accep	t the ob	ligations of sectlo	n 607,0505 or 617.	0503, F.S.	00/		
9. Names	and Street Addr	95595 0					ne must li	st at lea	set 3 directors)		:			
Titles	and Street Addresses of Each Officer and/or Director (Fi Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State			Р		
Presiden	STEVE_CUIFFO				6157	NW	167	-570	reet fu	·Min	wi-Lake	s, F.L 3	30C	
SECRETALY	STEVE CUIFO			6157	NW	167	5T.	F-4	MJAMI MJAMI	LAKES	FL 33	015		
Theasured	STEV	ε	cuiffe	2	6157	7 NW	167	ST	FY	MIAMI	LAKES	FL 330	ગડ	
		·····						······································				······································		
	-\				· · · · · · · · · · · · · · · · · · ·	······································		······		· · · · · · · · · · · · · · · · · · ·	! !			
	•		-:			` .								
this roll owed b on this	nstatement applic by the corporation epplication is tru	cation, t have t	the reason for disse	olution has been names of individ	eliminated, uals listed or ive the same	the corporate this form delegal effect	ie name s o not qua as if mad	alisfies lify for a e under	the requirements in exemption under oath.	pter 607 or 617, F.S of section 607.040 er section 119.07(3)	l or 617,0401, f	.S., that all fe	968	
SIGNA"	TURE: SIGN	ATURE	AND TYPED ON POR	NTEO NAME OF	SIGNING OFFI	ICER OR DIR	ECTOR	1-1-	-0 -	Date	O / Daytime F	hone #		