PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2 s. may 1	FILED	1
SECRETA DIVISION OF	DV Or	STATE ORATIONS

00 NOV -9 PM 5: 32



P97000103405 DOCUMENT # 1. Corporation Name

MILICIA DI ICINIECO	INITEDNIET	CHIDE	INC

Principal Place of Business

Mailing Address

465 OCEAN DRIVE #904 MIAMI BEACH FL 33139

465 OCEAN DRIVE #904 MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line the	rough incorrect information and enter correction belo	ow.
2. New Principal Office Address, if Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified     To Do Business in Florida     12/05/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State	City & State	65-0802246 Not Applicable
Zip Country	Zip Country	6.  CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

<ol><li>Names a</li></ol>	and Street Addresses of Each Officer and/or Director	(Fiorida nonprotit corpora	itions must list at least 3 directors)		
Title(s)	Name of Officers and/or Directors 2		eet Address of Each ficer and/or Director	City / State	/ Zip
PD	KALIKOW, LEONARD	465 OCEAN DR	VE #904	MIAMI BEACH FL 33139	
			tter ja a — ma	700003482	0079
			e from	-11/30/000 ****150.08	1101025 ****150.00
***************************************			10 100		1
			Miles		
	8. Name and Address of Current Registered	d Agent	9. Name ar	nd Address of New Registered Ag	ent
			Name		ł.

KALIKOW, LEONARD 465 OCEAN DRIVE #904 Suite, Apt. #, Etc. MIAMI BEACH FL 33139

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

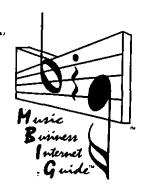
Zip Code State

10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEWARD E. KALIGO



## P97000103405 www.mbig.com



Music Business Internet Guide, Inc. I.D. #65-0802246

November 6, 2000

Florida Department of State Division Of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314

## Gentlemen:

Pursuant to our telephone conversation today, I am enclosing our application for reinstatement along with our check for \$150.00. I was informed by your office that no penalty would be imposed because several months out of the year I am in New York and for some reason the U.S. Post Office does not forward all my mail to me in New York. Your office informed me today that the year 2000 Annual Report Form was returned by the U.S. Post Office to you. I do not understand why this is happening but will be sure to look for this form in February, 2001 when your next mailing is due to arrive.

Thank you for your consideration in this matter.

Very truly yours,

MUSIC BUSINESS INTERNET GUIDE, INC.

Leonard Kalikow .

President

1 incl.