	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	RM.		
	PLICATION FOR STATEMENT	FLORIDA	A DEPARTMEN Katherine Ha Secretary of Si	IT OF STATE rris late	Al	PROVED AND FILED			
DOCUMENT # P97000109076					99 NOV	15 PM 2:57			
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ASTON	N ENTERTAINMENT GRO	DUP, INC	. 4	7''	IALLAHA	WSEE, FLORIDA			
Principal Place of Business Mailing Add			968						
6497 PARKI SUITE A SARASOTA	FL 34243	6497 PARKLAND DRIVE SUITE A SARASOTA FL 34243							
	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable		h incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date incorporated or Qualified To Do Business in Florida Add 14000			
Suite, Apt. #	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	9	City & State			06-1528383 Not Applicable				
Zip Country		Zip Country			CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee imported for a Certificate of Status				
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	,	ions must list at lea et Address of Each					
Title(s) 1	Fitle(s) and/or Directors			Officer and/or Director		4	ty / State / Zip		
D	ASGUR, ANTHONY R 6902 C			02 CHICKASAW BAYOU ROAD		BRADENTON FL 34203			
D SEXTON, DALE R			10334 PALMBROOKE TERRACE			BRADENTON FL 34202			
				, , , , , , , , , , , , , , , , , , , 					
					50	000304 -11/12/99 ****450.	12405- 1010380 00 ****15	CI 118 0.00	
		<u>. </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	8. Name and Address of Current F	Registered Age	nt	·· <u>·</u>	9. Name and A	ddress of New Registe	ered Agent		
ASFUR, ANTHONY R								(66/62)	
6497 PARKLAND DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE			Suite, Apt. #, Etc.				8		
SAMAS	SOTA FL 34243			City		MA	State Zip Code		
Signature of	appointed the repisered egent of the abo	ve named corpo		h and accept the ol	bligations of Secti	(1/1)	4/21		
Registered /	Agent RE	GISTERED AG	ENT MUST SIGN			Date	/ · · · · · · · · · · · · · · · · · · ·		
this rein: owed by	that I am an officer or director or the receiv statement application, the reason for disso to the corporation have been paid and the napplication is true and accurate, and my sig-	lution has been ames of Individe	eliminated, the corpor uals listed on this form	ate name satisfies do not qualify for	the requirements an exemption und	of section 607.0401 or 6	817.0401, F.S., that	all fees	
	the Fl	4	. P + 6 . N		n	19/29 - 9	941-755-662	,,	
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	ITED NAME OF 8	IGNING OFFICER OR D	RECTOR		Date	Daylime Phone #	<u>'</u>	

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RE: Do

Document # P98000077894 Document # P97000109076 Document # P95000003806

Dears Sirs,

This letter is to inform you that we did indeed comply with the Florida Annual Report deadline for Corporations, and in fact, our accountants have documented information stating that your office has received these filings within the imposed deadline.

Enclosed you will find our reinstatement forms for the three companies in question along with our payment of \$150.00 for each company so we can get our companies back in the "active" status. We are currently undergoing a merger of our companies with a larger entity and this is causing us both a major embarrasment as well as potentially millions of dollars. I am sure this is a small oversight on your departments behalf, due to the thousands of files your office handles each and every month, but we need to get this resolved and the companies reinstated as quickly as possible.

Thank you for your help in this matter.

Sincerele

Dale J. Sexton

COO