PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION		K S	DEPARTMEN Katherine Ha Secretary of S SION OF CORPOR	arris State	TE ,		PR 12	ED PM 4: 07			
DOCUMENT # P98000031171 1. Corporation Name							SEGRETARY DE STATE TABUAHASSEE, FLORIDA					
Div	a Enter	tainme	n+ , lr	C .								
				Office Address ement a rick Street				INSTATEMENT 9-01				
Suite, Apt. #, etc.					Communication of the Communica							
13+h City & State	Floor		City & State	·				4. Date Incorporated or Qualified To Do Business in Florida L13 988 \$P 5. FEI Number Applied For				
New York, MY			new York, ny				58-2416989 Not Applicable					
10014	Country	_	1 <u>00</u> 14	I_ Coun	SA	6	CERTIFICATE	OF STATU	S DESIRED	5 Additional F r a Certificate	ee required of Status	
			7. Na	ame and Address	of Current Rec	gistered .	Agent					
	Name CORPORATION SERVICE COMPANY											
-	CORPORATION SERVICE COMPANI Street Address (P.O. Box Number is Not Acceptable)											
	1201 Hays Street											
	Suite, Apt. #, Etc.	,										
	City Tallahas	see, /						State	Zip Code 32301			
8. I, being ap	pointed the registere	ed agent of the above	e named corpon	ation, am familiar i	with and accept	the obliga	ations of section	on 607.050	5 or 617.0503, F.S.	The second second		
Signature of Registered Age	ent	RE	BRI/	AN COUR	[NEY, AS	SS T. v	√.P .−	Date _	3/1	1/200		
9. Names an	nd Street Addresses			<u> </u>	erecent of the second	tir zasta z	The same state of the same of	DACK DOUGH 11				
Titles	/	Name of	7	s	treet Address of	f Each			City / State	. / Zip		
E010	Officer	s and/or Directors		clo Q m	Officer and/or Dia							
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OCPO	·	1	0	cloam						V 100		
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								 	***1050.00	***105	IJ. OO	
10. I certify th	at I am an officer or o	lirector or the receiv	er or trustee em	nowered to execut	te this application	n as provi	ided for in cha	pter 607 o	617 F.S. I further o	ertify that when	filing	
this reinsta	atement application, he corporation have	the reason for disso	lution has been a	eliminated, the cor	porate name sat	tisfies the	requirements	of section	607.0401 or 617.040)1, F.S., that al	l fees	
	plication is true and								· · · · · · · · · · · · · · · · · · ·			
010111		\			0	á	.L 7	1201	רו אים	SC 10-	۱ ،،،	
SIGNATU		AND TYPED OR PRIM	ITED NAME OF SI	IGNING OFFICER OF	R DIRECTOR	CCI	<u> 17 </u>	Date Date	<u> </u>	ne Phone #	14	