## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AP REIN	PLICATION FOR L ISTANDAE		A DEPARTMEN  Katherine Ha  Secretary of S  IVISION OF CORPOR	i <b>rris</b> State		FILE WISION OF COR	D DF STATE PORATIONA	
DOCUMENT # <b>P98000058072</b> 1. Corporation Name					01 OCT 22 PM 4: 12			
YGG P	RODUCTIONS, INC.							
Principal Place of Business Mailing Address								
			1775 DEVONSHIRE DR N ST PETERSBURG FL 33710					
If above a	addresses are incorrect in any way, line th	rough incorrect i	information and enter	correction below.				
2. New Pr	incipal Office Address, If Applicable	ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     06/30/1998				
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. FEI Number Applied For			
City & Stat	6	City & State			59-3518019 6.		Not Applicable	
Zip	Country	Zip	Countr	гу		E OF STATUS DESIRED 🔲 S8.	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	f/or Director (Flo	<del></del>	******		1		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		ate / Zip	
D	ISSE, AMY 17		1775 DEVONSHIP	775 DEVONSHIRE DR N		ST PETERSBURG FL 33710		
:					50	00046693 -11/06/0101 ****150.00	3250: 071019 ****150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
ISSE, AMY 1775 DEVONSHIRE DR N ST PETERSBURG FL 33710				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code				
10. I, being	g appointed the registered agent of the ab	ove named corp	oration, am familiar w	rith and accept the o	bligations of Sect	ion 607.0505, F.S.		
Signature of Registered	Agent JILIUM	GISTERED AC	GENT MUST SIGN	IRED		Date	7-01	
this rein	r that I am an officer or director or the rece statement application, the reason for dis- y the corporation have been paid and the application is true and accurate, and my s	olution has beer names of individ	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 617.0	401, F.S., that all fees	

SIGNATURE:

To Whom It May Concern:

October 18th, 2001

I received this packet entitled "Notice of Administrative Dissolution or Revocation" in the mail on Monday, October 15th, 2001. I did not receive the original packet between January, 2001 and May, 2001, as I was supposed to. I immediately send any business-related correspondence to my accountant, Paul DelMonte, upon receipt. Mr. DelMonte has not received this packet. I am enclosing my payment that originally was due in your office by May, 2001, in the amount of \$150.00.

Thank you.

Amy Somerset Isse, President, YGG Productions, Inc.

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