

DOCUMENT # P 98000058787

1. Entity Name
PONYTAIL MANAGEMENT, INC

Principal Place of Business Mailing Address
360 S HIBISCUS DRIVE
MIAMI BEACH, FL 33140

FILED
00 SEP 20 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0847986 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUCE E. LAZAR
2901 COLLINS AVE.
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME JAMES L. GOLDBERG
STREET ADDRESS 2901 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH, FL. 33140
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
600003415196--3
-10/05/00--01083--010
****300.00 ****300.00
Change Addition
Change Addition
SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 8-31-2000 305 532-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

August 15, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ponytail Management, Inc.
SS# 65-0847986

Attention: Kristen Eckel

Dear Specialist Eckel:

We are the accountants for the above Corporation and have been requested to respond to your letter dated July 11, 2000. (Copy enclosed).

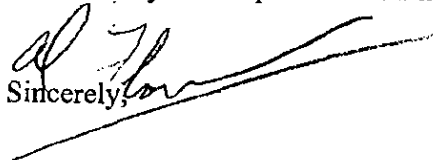
We respectfully request that the assessed Reinstatement fee of \$600.00 be abated for the following reasons.

The 100% shareholder that has the sole authority to execute documents on behalf of the Corporation was incapacitated due to illness for over twelve months and has been unable to perform most administrative functions. So much that an extension of time was requested (to September 15, 2000) for filing the Corporate tax returns.

Please note that the annual report was filed immediately after the sole shareholder's recuperation.

In view of the foregoing, we ask that your letter be resubmitted without the reinstatement fee of \$600.00.

Thanks for your cooperation in this matter.


Sincerely,

Al Flowers

Enc.