PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				;	Secretar	TMENT OF y of State			03·[OH OF CO DEC -1	OF STATE PRORATION PHYSLI);+;-	
DOCU	JMENT	# /	799	000	1020	163]			•••		
Entertainment Emporium, Inc.									12/0 Kiling			85031 009 **9 1017	00.00 منظم	2
2. Principal Office Address 1241 Blanding Blvd.					3. Mailing Office Address 8442 Papelon Way				aD		a 534885	aga ()		•- •-
Suite, Apt. #, etc. Su					Suite, Apt. #,	Suite, Apt. #, etc.			4. Date Incom		Qualified 03	3/02/1999		ł
City & State Orange Park, FL				City & State Jacksonville, FL				To Do Business in Florida						
Zip Country 32065 USA				32217	7 USA 6. CER				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
					7. 1	lame and A	Address of Cur	rent Register	red Agent					
	Name Raif Richa													
Ì	Street Address (P.O. Box Number is Not Acceptable) 8442 Papelon Way													
	Suite, Apt. #, Etc.													
	Jacksonville									State FL	Zip Code 32217			
8. I, being	appointed the	registere	ed agent of	f the abo	/e named corpo	oration, am f	familiar with and	d accept the o	bligations of secti	on 607.050	05 or 617.0503	, F.S.		(10/02
Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date .	11-0	90-03	3	CR2E081 (10/02)
9. Names	and Street Ad	ddresses	of Each O	fficer and	or Director (Fig	orida nonpro	ofit corporations	must list at le	east 3 directors)	<u></u> .	<u> </u>	······································		ĺ
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo									
D	Raif Rich				8442 Papelon Way			,	Jacksonville, FL 32217					
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this rein	nstatement ap by the corporat	plication, tion have	the reason been paid	n for disse and the i	olution has been names of individ	n eliminated luals listed o	, the corporate	name satisfies not qualify for	provided for in cha s the requirements an exemption und er oath.	of section ler section	607.0401 or 6 119.07(3)(i), F.	17.0401, F.S., th S. The information	nat all fees on indicated	
SIGNATURE: // 20 - 0 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prione #														

Wilson & Johns, P.A.

Certified Public Accountants

November 19, 2003

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

Re: Entertainment Emporium, Inc.
Document Number: P99000020063

FEI Number: 59-3563016

Dear Sir or Madam:

I am enclosing a Corporation Reinstatement Form for the above referenced company, along with a Cashier's Check in the amount of \$900.00 to reactivate their corporate filing status to Active,

I would also like to request a refund of the Reinstatement Penalties of \$600.00, due to the fact that Entertainment Emporium, Inc. did not receive their Annual Renewal Report to file for the years 2002 and 2003.

Thank you for your cooperation with this matter. If you have any questions, please give me a call.

Sincerely,

Wilson & Johns, P.A.

Kristy Smith

Bookkeeper

Enclosures

cc: Entertainment Emporium, Inc.