

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

10f2

00 OCT 19 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
and  
Statewide Health  
Insurance

DOCUMENT # P99000070021

1. Corporation Name

New Artist Entertainment, Inc  
606

2. Principal Office Address

13510 Fawn Ridge Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address

606 Bayway Blvd  
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

CLEARWATER, FL

Zip

33624

Country

U.S.

Zip

33767

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/6/99

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRIGG SKIPPER

Street Address (P.O. Box Number is Not Acceptable)

13510 Fawn Ridge Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-19-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>President</del>	TRIGG SKIPPER	13510 Fawn Ridge Blvd	Tampa, FL 33626

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/19/2000

Date

727-447-1184

Daytime Phone #

CR2E081 (9/99)

OCT 19, 2000  
20f2

To Whom it May Concern:

I TR166 Skippen President/CEO of NEW  
ARTIST ENTERTAINMENT, INC NEVER RECEIVE A  
NOTICE OF FIRST OR SECOND NOTICE OF ANNUAL  
REPORT (INCORRECT ADDRESS) LAUGHRAN/K-FLAND NEVER REPORT  
ANY INFO BACK TO ME OR TO YOU,

Thank You For Your Time

Tracy J. J.

RECEIVED  
00 OCT 19 AM 11:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA