PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COL	RPORATION		K	REPARTMENT O atherine Harris ecretary of State			FILE	D [Or	_
DOCI	JMENT #	6000	DIVISI 01   2	ION OF CORPORATIO	NS	1	<b>60</b> DEC 29		
	ation Name	0204	47			т	SECRETARY O ALLAHASSEE	F STATE FLORIDA	
D	3 U Mar	- Mark	seti no	d Cor	P.	1			,
2. Principa	al Office Address		3. Mailing Offi	ice Address					
112	<u>RoseD</u>	rive		Rose Drive					
Suite, Apt. #, etc. Suite, Apt. #,				.c.			oorated or Qualified ness in Florida	1 6 19	391
City & State City & State						5. FEI Numbe		1 - 8 - 1	plied For
				uderdale	,F1		26787		ot Applicable
Zip ろ332	513 Coun	15 A	<sup>zip</sup> . 3333	13 US	- A	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional	
`\			<b>7.</b> Na	me and Address of Cu	ırrent Register	ed Agent			
Doumar Steven									
Street Address (P.O. Box Number is Not Acceptable)									
<del></del>	Suite, Apt. #, Etc.							<del></del>	
	City F1	auder	alole		· · · · · · · · · · · · · · · · · · ·		State Zip Code	313	
8. I, being	Control of Balbin and Control	to the table to the first	-	ition, am familiar with ar	nd accept the ol	oligations of section	on 607.0505 or 617.050	03, F.S.	(66/6)
Signature o Registered			GISTERED AGE	ENT MUST SIGN			on 607.0505 or 617.0503, F.S.		
9. Names	and Street Addresse	The second section of the second second	specifical in a companies with a comp	da nonprofit corporation	s must list at le	ast 3 directors)	with the most of the other transmission		
Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
Pres	Steven J. Doumar			22 Victorica ack Rd			Ft Louderday, Fl		
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	MA					80	099735	33 <b>998</b> -	7 )17
	NA				,		****150.	.00 ****15	50.00
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	NA								
10. I certify this re	that I am an officer on the statement application	or director or the recei	ver or trustee emp	powered to execute this eliminated, the corporate	application as p name satisfies	provided for in cha the requirements	pter 607 or 617, F.S. 14 of section 607.0401 or	further certify that wi 617.0401, F.S., tha	nen filing t 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #



December 13, 2000

week to

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To whom it may concern,

BlissBridal.com., Inc. is currently sharing office space with two other companies; Doumar Marketing Corp. and LiveOps.com, Inc. We also have office space, which is considered R.O.A. Since LiveOps.com moved in at the end of 1999, the mail service, through their various stages of turnovers, we have been through three mail carriers over the past eight months. They were not able to properly determine which company was which. Therefore, they have been habitually not delivering the mail properly.

I apologize for this delinquency. However, I surely know the importance of keeping my corporations active. If you could be so kind as to accept this \$150.00 and reinstate my corporations. We have made numerous attempts and feel we have finally corrected the problem. We have contacted the postmaster General and feel we have solved the mail carriers difficulty of having three companies operating out of the same office space.

Steven J. Doumar President

BlissBridal.com., Inc.