## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A UGATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

V54099

1. Corporation Name

SIGNATURE:

METROMOTION, INC.

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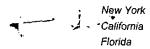
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SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business		Mailing Address			,			
MIAMI BE	NS AVENUE 450 W31 ST OH FL 33139 B FL NY, NY 10001	361 COLLINS 10 MIAMI BEACH	I FL 33139	450 W31 St 3 PC W, W4 1000			B(  8181) 01811 81811 8181) 1881	
	addresses are incorrect in any way, line th				DEINIC	TATEMEN	<b>T</b>	
2. New Pr	incipal Office Address, If Applicable	3. New Maill	ng Office Add	ress, If Applicable	To Do Busin	hopatification Qualification in The ness in Florida	7/30/1992 .	
Suite, Apt.	#, etc.	_Suite, Apt. #,	etc	<del></del>	5. FEI Numbè		Applied For	
City & Stat	e	City & State	City & State		65-0352770 Not Applicable			
Zip	Country	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED [ ]	.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
P	CHANTI, MARC A 361			61 COLLINS AVENUE, SUITE 10		MIAMI BEACH FL 33139		
VP	VP CHANTI, MICHAEL B			V. 81ST AVENUE		MIAMI FL 33156		
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						<b>_</b>		
			)		40 11/12/	002 <b>4616</b> 5 0301075008	14 **150.00	
,				A.r				
	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered	Agent	
			-	Name		والمستدار والمراد		
CHANTI, MARC A				Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
361 COLLINS AVENUE 10				Suite, Apt. #, Etc.				
MIAMI BEACH FL 33139								
	•		City		State Zip Code			
10. I, being Signature of Registered	g appointed the redistered agent of the about	ovenamed corpo	ration, am far	P	bligations of Secti	<del></del>	05, F.S.	
this rein owed by	that I am an officer or director or the recei statement application, the reason for disso y the corporation have been paid and the application is true and accurate, and my si	olution has been names of individu	eliminated, thus listed on the	e comprate name satisfies this form do not qualify for a	the requirements an exemption und	of section 607,0401 or 617.0	401. F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



## metromotion<sup>®</sup> productions On Location. In Control.

www.metromotion.com

November 4, 2003

Division Of Corporations
Annual Report / Reinstatement Section
Po Box 6327
Tallahassee, FL 32314-6324

RE: Document Number V54099

Dear Sir or Madam:

We just received the notification that our company failed to file its 2003 Corporation annual report/uniform business report. Please accept our apologies but we never received the forms. In addition our address has change effective May 10,2003. Our new mailing address is as follows:

Metromotion Inc. 450 West 31Street 8<sup>th</sup> Floor New York, NY 10001

Please waiver the \$600.00 and enclosed is the amount of \$150.00.

Shari La Sala Office Manager