

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA80000090442

1. Corporation Name

EAA Productions, Inc.

2. Principal Office Address

1925 Century Park East

Suite/Apt. #, etc.

#500

City & State

Los Angeles, CA.

Zip

Country

Los Angeles

3. Mailing Office Address

1925 Century Park East

Suite/Apt. #, etc.

#500

City & State

L.A., CA.

Zip

Country

90067 L.A.

REINSTATEMENT 99.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-98

5. FEI Number

95-4711061

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

Corporation Service Company

000003238750 -- 8

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

1201 Hays Street

-05/03/00--01150--025

****908.75 ****908.75

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32301

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

Karna R. Dunlop

REGISTERED AGENT MUST SIGN

Date 4-5-2000

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
Dir.	<u>Christopher Dade</u>	<u>1925 Century Park East #500</u>	<u>L.A., CA. 90067</u>
Dir.	<u>Ruby Fierro</u>	<u>11914 Bellflower Blvd.</u>	<u>Downey, CA. 90242</u>
Dir.	<u>Michael Green</u>	<u>17132 LA Collette Pl.</u>	<u>Yorba Linda, CA. 92886</u>

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:

Christopher Dade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

(310) 201-7620

Daytime Phone #

CR2E081 (9/99)