

DATE: 05/07/2003

DOCUMENT ID DESCRIPTION 200312503744 DOMESTIC/REINSTATEMENT (REN)

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STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

440414

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OHIO THEATRE ALLIANCE, INCORPORATED

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200312503744



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of May, A.D. 2003.

Queth Bachenell

Ohio Secretary of State



Prescribed by Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-345,3)

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		KEINSTATI			Ġ
(For Domestic or Foreign, Profit or Non-Profit) Filing Fee \$25.00					\$ EN \$
THE UNDERSIGNED DI	ESIRING TO FILE	E A-			گې .
(CHECK ONLY ONE (1) BOX)				
(1) Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)		(2) Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)		(3) Reinstatemen Corporation (for failure to file a statem existence) (109-REf	ent of continued
(4) Reinstatement of Limited Liability (for failure to file annual or biet THIS FORM MUST BE ACCOM BIENNIAL REPORTS WITH FILE	nnial reports) (112-PL	.R)	(5) Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES		L DELINQUENT
Complete ALL of the gen	eral information in	this section for the box c	hecked above.		
Name of Entity	OHIO THEATRE ALLIANCE, INCORPORATED				
Charter or Registration No.		440414			
Cancellation Date The entity was canceled on (list date): July 9,2001 (Date)					
Complete the information	in this section if b	ox (1) or (2) is checked.]		
Name and Address of New Agent (If applicable)		James M. Hostetler, JC (Name) 417 Belleview Bouleva			
		(Street)	NOTE: P.O. Box A	ddresses are NOT accep	table.
		Steubenville		Ohio 43952	
		(City)		(State) (Zip Code)
		ACCEPTANCE OF AP	POINTMENT		
The Undersigned, the Statutory agent for, hereby acknowledges an	d accents the an	James M. Hostetler, J Ohio Theatre	Alliance, Incorp	orated	ned herein as
no objection and a second	Signature:		(Statutory Ag		<u>_</u> _
REQUIRED Must be authenticated (s	igned)		(Statutory Ag		

by an authorized representative (See Instructions)

Authorized Representative

April 30, 2003

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Last Revised: May 2002