

**Michael I. Goldberg, Receiver**  
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October 12, 2006

**VIA U.S. MAIL & WEB POSTING**

**Re: *Securities & Exchange Commission vs. Worldwide Entertainment, Inc., et al.***  
**United States District Court for the Southern District of Florida**  
**Case No.: 06-20975-CIV-HUCK-SIMONTON**

Dear Investors and Potential Creditors:


I am the court-appointed receiver for Worldwide Entertainment, Inc.; The Entertainment Group Fund, Inc.; American Enterprises, Inc.; and Entertainment Funds, Inc. (collectively, the "Receivership Entities"). On October 10, 2006, the United States District Court for the Southern District of Florida, entered the enclosed Order Granting In Part Receiver's Motion To Establish (i) A Claims Mechanism To Calculate Investors' Claims; (ii) A Claims Procedure To Deal With Disputed Claims; and (iii) A Claims Bar Date.

The Order directs me to prepare and distribute claim forms to all known investors and creditors. I have attached the official claim form (the "Claim Form") that you **must** complete and submit to be eligible to share in the distribution of the Receivership Entities' assets. A copy of the Claim Form is also available on the internet at [www.entertainmentgroupinfo.com](http://www.entertainmentgroupinfo.com). Please complete the Claim Form, sign it, attach all requested supporting documents and return it to me by **December 4, 2006** (the "Claims Bar Date"). By signing the Claim Form, you are declaring under penalty of perjury that the information you are providing is true and correct. The Judge has also cautioned that any individual who knowingly files a false claim will be dealt with appropriately.

**You must submit a completed, signed Claim Form to me by the Claims Bar Date at the address listed above, postmarked on or before December 4, 2006. Faxed or e-mailed copies will not be accepted. If you fail to file a claim by that date, your claim may forever be barred.**

In addition, please note that the Court has not yet determined the formula for calculating claims. This formula will be determined at a future hearing, notice of which will be posted on the website. Once a formula is established, my staff will compare your claim and supporting documentation to Receivership Entities' books and records in an attempt to verify your claim. If we are unable to agree on the amount of your claim, the dispute will be resolved in accordance with the disputed claims procedure set forth in the Order.

Sincerely,

  
Michael I Goldberg, Receiver

MIG/ka  
Enclosures

# CLAIM FORM

**MICHAEL I. GOLDBERG, RECEIVER**  
Worldwide Entertainment, Inc., The Entertainment Group Fund, Inc.,  
American Enterprises, Inc., and Entertainment Funds, Inc.  
350 East Las Olas Boulevard, Suite 1600  
Fort Lauderdale, Florida 33301  
Toll Free: (800) 223-2234  
www.entertainmentgroupinfo.com

## IMPORTANT NOTICE

THE PURPOSE OF THIS CLAIM FORM IS TO PROVIDE THE RECEIVER WITH NOTICE OF YOUR CLAIM AND INFORMATION NECESSARY TO VERIFY YOUR CLAIM. PLEASE COMPLETE THIS CLAIM FORM AND RETURN THE ORIGINAL SIGNED CLAIM FORM TO THE RECEIVER AT THE ABOVE ADDRESS ON OR BEFORE DECEMBER 4, 2006. PLEASE KEEP A COPY OF THIS CLAIM FORM FOR YOUR RECORDS. PLEASE NOTE THAT THE COURT HAS NOT YET DETERMINED THE FORMULA TO BE UTILIZED BY THE RECEIVER IN CALCULATING CLAIMS. THIS FORMULA WILL BE DETERMINED BY THE COURT AT A FUTURE HEARING, NOTICE OF WHICH WILL BE POSTED ON THE RECEIVER'S WEBSITE AT WWW.ENTERTAINMENTGROUPINFO.COM. IN ORDER FOR YOUR CLAIM TO BE CONSIDERED, THE RECEIVER MUST RECEIVE THE COMPLETED FORM, POST MARKED ON OR BEFORE DECEMBER 4, 2006. NO FACSIMILE OR EMAIL COPIES WILL BE ACCEPTED.

\* \* \* \* \*

I, \_\_\_\_\_ declare and state as follows:  
(Print Name)

I. Personal Information:

- a) Name: \_\_\_\_\_  
*If you invested money through a trust or other entity, please provide the name of such trust or entity above.*
- b) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) Home Telephone Number: \_\_\_\_\_
- d) Alternate Phone Number: \_\_\_\_\_
- e) Email Address: \_\_\_\_\_
- f) Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_

II. Investment Information:

- a) What is the total amount of money you invested? **Please list the date and dollar amount for each separate principal investment made. The total should only include actual funds you gave to any of the Receivership Entities and should not include any credits, interest, rollovers, dividends, etc. Please provide copies of checks (front and back) or wire transfer verification evidencing each investment listed. Attach extra sheets if necessary.**

Date Of Investment	Amount Invested	Payment Method <sup>1</sup>	Were These IRA Funds? Yes or No	Who was your check made payable to, or who was the recipient of your wire transfer? <sup>2</sup>

**Total Investment: \$** \_\_\_\_\_

<sup>1</sup> Please indicate whether investment was in the form of personal check, cashiers check, wire transfer, cash or other. If "other", please explain.

<sup>2</sup> Please select from the following entities: American National Pension Services ("ANPS"); Pilot Retirement Services ("PRS"); 1st Source Bank ("1<sup>st</sup> Source"); American Enterprises, Inc. ("AEI"); Worldwide Entertainment, Inc. ("WWE"); The Entertainment Group Fund, Inc. ("TEGFI"); Entertainment Funds, Inc. ("EFI"), or other. If "other", please explain.

Name: \_\_\_\_\_

b) What is the total amount of money you actually received, either in the form of interest, principal, dividends, withdrawals, referral fees, commissions, or other. **These amounts should only include actual funds you received and should not include unpaid or roll-over interest that accrued in your account. Please break down each individual payment you received and indicate a description. Attach extra sheets if necessary.**

Date Received	Amount Received	Please specify if the amount received was in the form of interest, principal, dividends, withdrawals, referral fees, commissions or other. If "other", please explain in detail.

Total Amount Received \$ \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2006.

Signature: \_\_\_\_\_  
*Claim Form not valid unless signed*

Print Name: \_\_\_\_\_