

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses)  |  |  |  |                       |  |  |  |
|--|--|--|--|-----------------------|--|--|--|
| 1. Name and Address of Reporting Person <sup>*</sup><br>BLUE MELISSA R | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>09/10/2003 |  | and Ticker or Trading Symbol<br>AF CAPITAL PARTNERS INC [BDLF] |                       |  |  |  |
| (Last) (First) (Middle)<br>6330 MCLEOD DR., SUITE 7                    | 09/10/2003   | 4. Relationship of Reporting Person(s) to<br>Issuer  |  |                       | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)  |  |  |
| (Street)<br>LAS VEGAS, NV 89120  |  | (Check all applicable)<br>Director 10% Owner<br>X_Officer (give title Other (specify<br>below)<br>CORPORATE SERCRETARY |  | cify                  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |  |
| (City) (State) (Zip)   | Table I  | [ - Non-Deriva   | tive Securities  | Benef                 | icially Owned  |  |  |
| 1. Title of Security<br>(Instr. 4)                                     |  | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4)  |  | 4. Natur<br>(Instr. 5 | e of Indirect Beneficial Ownership<br>)  |  |  |
| Common Stock   | 1,000,000  |  | D  |                       |  |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable |            | 3. Title and Amount of 4. Conver |                     | 4. Conversion | 5. Ownership      | 6. Nature of Indirect Beneficial |  |
|---------------------------------|---------------------|------------|----------------------------------|---------------------|---------------|-------------------|----------------------------------|--|
| (Instr. 4)                      | and Expiration Date |            | Securities Underlying Derivative |                     | or Exercise   | Form of           | Ownership                        |  |
|                                 | (Month/Day/Year)    |            | Security                         |                     | Price of      | Derivative        | (Instr. 5)                       |  |
|                                 |                     |            | (Instr. 4)                       |                     | Derivative    | Security: Direct  |                                  |  |
|                                 | Date                | Expiration |                                  | Amount or Number of | Security      | (D) or Indirect   |                                  |  |
| Exer                            | Exercisable         | able Date  | Title                            | Shares              |               | (I)<br>(Instr. 5) |                                  |  |

## **Reporting Owners**

|   | Relationships |              |                      |       |  |  |  |
|---|---------------|--------------|----------------------|-------|--|--|--|
| Reporting Owner Name / Address                                    | Director      | 10%<br>Owner | Officer              | Other |  |  |  |
| BLUE MELISSA R<br>6330 MCLEOD DR., SUITE 7<br>LAS VEGAS, NV 89120 |               |              | CORPORATE SERCRETARY |       |  |  |  |

## Signatures

| /s/ Melissa R. Blue             | 09/12/2003 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.