

-01000004561

ACCOUNT NO.

072100000032

REFERENCE

439685

5041389

AUTHORIZATION

COST LIMIT

ORDER DATE: August 22, 2001

ORDER TIME : 11:22 AM

ORDER NO. : 439685-005

CUSTOMER NO: 5041389

CUSTOMER: Ms. Leanne Talmage

Lowe Enterprises, Inc. 11777 San Vicente Blvd.

Suite 900

Los Angeles, CA 90049

FOREIGN FILINGS

F.O.C.U.S. INSTITUTE OF FILM NAME:

(FILM OFFERING CHILDREN & THE

UNDERPRIVILAGED SUCCESS), INC.

XXXX QUALIFICATION (TYPE: NP)

500004560365--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER:

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	(Name of corp	oration: must inclu	'ilm (Film Offeri de the word "INCORI e that it is a corporation y not be used as a corp	PORATEI	O" or "CORPOR	ATION" or wor	ds or abbrevia	ations of li	ke import he name a
2.	Washington	L		3.					
	(State or coun	try under the law o	f which it is incorpora	ted)		(FEI numb	er, if applical	ole)	-
4.	12/23/96			5. F	Perpetual				
		(Date of Incorpor	ation)		(Duration: \	Year corp. will c	ease to exist of	or "perpetu	ıal")
6.	upor	n filing							
٠.		orporation first con-	lucted Affairs in Flori	da - See se	ections 617.1501	, 617.1502, and	817.155, F.S	.)	· ·• ·
_	a/a Dhilli	- 0 1001 0-		34450					
/.	C/O PHILLI	o Cass 1801 Ce.	ntury Park East,		fice address)	CA 90049		- 0	
	- (- m-1331		•	•	•		A		
	C/O Phillip	p Cass 1801 Ce	ntury Park East,		Los Angeles, ling address)	CA 90067	<u> </u>		
			(0.	mont man	ing address)		HA:		
							SSI	28	1
8.	Educating f	filmmakers in	all aspects of th	e cinem	atic arts.	-		<u> </u>	
		(Purpose(s) of co	rporation authorized in	home sta	ite or country to l	be carried out in	the state of	lorida)=	U
9.	Name and st	reet address of	Florida registered a	agent: (P	O. Box or Mai	il Drop Box <u>N</u>	OT accept	3: 45	
	Name:	Corporation S	ervice Company		_		-		
					-				•
Э.	ffice Address:	1201 Hays St:	reet				· _ ,		
							** =		
		Tallahassee		_	Florida 32301	1 .			
			(City)			(Zip Co	ode)		
	Having been designated in I further agr	this application ree to comply wit	ence: ered agent and to ac . I hereby accept the h the provisions of a and accept the obla	e appoint all statut	tment as registe es relative to th	ered agent and ie proper and i	l agree to ac complete ne	t in this c	apacity.
			ation Service Com		් එe	borah D. Skip	oer .		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Cheryl DuBois
Address: 1801 Century Park East, #1150
Los Angeles, CA 90067
Vice Chairman: Peter A. Del Franco
Address: 11777 San Vicente Blvd., Suite 900
Los Angeles, CA 90049
Los Angeles, CA 90049 Director: Phillip Cass SST 28 III
Address: 1801 Century Park East, #1150
Los Angeles, CA 90067
Director:
Address:
B. OFFICERS
President: Cheryl DuBois
Address: 1801 Century Park East, #1150
Los Angeles, CA 90049
Vice President: Peter A. Del Franco
Address: 11777 San Vicente Blvd., Suite 900
Los Angeles, CA 90049
Secretary: Peter A. Del Franco
Address: 11777 San Vicente Blvd., Suite 900, Los Angeles, CA 90049
Treasurer: Phillip Kass
Address: 1801 Century Park East, #1150, Los Angeles, CA 90067
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Peter A. Del Franco (Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

F.O.C.U.S. INSTITUTE OF FILM (FILM OFFERING CHILDREN & THE UNDERPRIVILEGED SUCCESS)

I FURTHER CERTIFY that the records on file in this office show that the above named nonprofit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on December 23, 1996.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to conduct affairs in the corporate form in the State of Washington.



Date: August 20, 2001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Réed, Secretary of State