

ACCOUNT NO. : 072100000032

REFERENCE :

979353

4326262

AUTHORIZATION

COST LIMIT

ORDER DATE: September 30, 1998

ORDER TIME: 10:22 AM

ORDER NO. : 979353-115

CUSTOMER NO: 4326262

CUSTOMER: Nancy Pokojny, Esq

Zukerman Gore & Brandeis

900 Third Avenue

8th Fl.

New York, NY 10022

600002654226-

FOREIGN FILINGS

NAME:

CARIBINER AUDIO VISUAL

SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>Caribi</u>	ner Audio Visua oration: must include	1 Services, Inc.	COMPANY" "CORBO	DA TIONII	_
or partnership	of like import in langua if not so contained in	the word "INCORPORATED", " age as will clearly indicate that the name at present.	it is a corporation inste	ad of a natural perso	n
2. <u>Dela</u>	aware atry under the law of w	which it is incorporated) 3(F	enfled for Et number, if applicable	.)	
		5. Perper (Duration: Year	tual	•	
		(Duration: Year	corp, will cease to exi	st or "perpetual")	
6. Upon fi	ling esacted business in Flo	rida. (See sections 607.1501,	607.4500		
			607.1502, and 817.1	<u> </u>	_
7. <u>16 West</u>	61st Street, N	ew York, N.Y. 10023		00 <u>100</u>	_
				-2	
<u>-</u>		(Current mailing addres	s)		
8. To engag	ge in any lawful	business activities.		SIN WIS	
Purooseis	Of COMPOSITION SURPO			- - 3 d	
,, _,poss(c	or corporation action	rized in home state or country t	to be carried out in the	state of Piorida)	_
	treet address of Flo	orida registered agent: (P. (Corporation Service Company		3,	_
9. Name and s	treet address of Flo	orida registered agent: (P. Corporation Service Company		3,	
9. Name and s	Name:	Orida registered agent: (P. (Corporation Service Company		3,	_
9. Name and s	Name:	Orida registered agent: (P. Corporation Service Company :	O. Box or Mail Drop	Box NOT	_
9. Name and s acceptable)	Name:	Corporation Service Company : 1201 Havs Street Tallahassee	O. Box or Mail Drop	32301	
9. Name and sacceptable) 10. Registered agent statutes related accept the	Name:Office Address d agent's accepta amed as registered the place designate and agree to act ative to the proper obligations of my proper Corporation Serv By:	Corporation Service Company : 1201 Hays Street Tallahassee Ince: d agent and to accept service din this application, in this capacity. I further a and complete performance position as registered agent.	o. Box or Mail Drop , Florida, , Florida, rvice of process for the description of the	Box NOT 32301 (Zip Code) r the above state the appointment at the provision of the provis	s

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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

	•	
A.	DIRECTORS (Street address only, P.O. Box NOT	accentable)

Chairman:	Raymond S. Ingleby
Address:	c/o Caribiner, Inc.
	16 West 61st Street, New York, NY 10023
Vice Chairt	nan:
Address:	
Director:	Raymond S. Ingleby
Address:	c/o Caribiner, Inc.
	16 West 61st Street, New York, NY 10023
Director:	
Address:	·
B. OFFICE	ERS (Street address only- P.O. Box NOT acceptable)
President:	Raymond S. Ingleby
Address:	c/o Caribiner, Inc.
	16 West 61st Street, New York, NY 10023
Vice Preside	nt: Robert Burlinson and Arthur Dignam
Address:	c/o Caribiner, Inc.
_	16 West 61st Street, New York, NY 10023
Secretary: _	Harold E. Schwartz
Address: _	c/o Caribiner, Inc.
_	16 West 61st Street, New York, NY 10023
Treasurer: _	Robert Burlinson
Address: _	c/o Caribiner, Inc.
_	16 West 61st Street, New York, NY 10023
NOTE: If neo	cessary, you may attach an addendum to the application listing additional officers and/or
13	Harol 7. School
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)
14.	Harold E. Schwartz, Secretary
	(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE :

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARIBINER AUDIO VISUAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ERANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE DIVISION OF CONTOR ATTOR

2948389 8300 981379047



9330660

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: