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7/10/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

((H95000007627))
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

ELECTRONIC FILING COVER SHEET
FROM: ATLAS, PEARLMAN, TROP & DORRISON, P.A.
PO BOX 14610

FT LAUDERDALE FL 33302-4610
CONTACT: BEVERLY F BRYAN
PHONE: (305) 463-3173
FAX: (305) 523-1952

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DOCUMENT TYPE: FOREIGN PROFIT QUALIFICATION

NAME: AFFINITY TELEPRODUCTIONS, INC.
FAX AUDIT NUMBER: H95000007627
DATE REQUESTED: 07/10/1995
CERTIFIED COPIES: 1
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DIVISION OF CORPORATIONS

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FLORIDA DIVISION OF CORPORATIONS

95 JUL 11 AM 8:15

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Name conflict
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AFFINITY TELEPRODUCTIONS, INC.

15136 North Florida Avenue - Suite 130
Tampa, Florida 33613
813-264-1778

Florida Department of State
Division of Corporations
P.O. Box 8325
Tallahassee, FL 32314

572824

Re: Affinity Teleproductions, Inc., a Florida corporation

Dear Sir/Madam:

On behalf of Affinity Teleproductions, Inc., a Florida corporation (the "Company"), release is hereby made of the name "Affinity Teleproductions, Inc." to be used by the Company's sister corporation, Affinity Teleproductions, Inc., a Delaware corporation.

Thank you.

Sincerely,

AFFINITY TELEPRODUCTIONS, INC.,
a Florida corporation

By: 

William J. Bosso, President

WJB/RKB/jz

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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. Affinity Teleproductions, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 22-2473403
(FEI number, if applicable)
4. February 4, 1983
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon the State of Florida's authorization
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.100, F.S.))
7. 15438 N. Florida Avenue, Suite 103
Tampa, FL 33613
(Current mailing address)
8. Producing television programs, documentaries, infomercials, commercials and corporate identity videos.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:**
Name: South Florida Registered Agents, Inc.
Office Address: 200 E. Las Olas Boulevard, Suite 1900
Ft. Lauderdale, Florida, 33301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bernard J. Bay
(Registered agent's signature)

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.

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ROXANNE K. BEILLY, ESQ., FL BAR # 851450
ATLAS, PEARLMAN, TROP & BORKSON, P.A.
79 200 EAST LAS OLAS BOULEVARD, SUITE 1900
FORT LAUDERDALE, FLORIDA 33301
PHONE NO.: (305) 763-1200

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William J. Bosso

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

Director: James Farrell

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

B. OFFICERS

President: William J. Bosso

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

Vice President: James Farrell

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

Secretary: William J. Bosso

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

Treasurer: James Farrell

Address: 15438 N. Florida Avenue, Suite 103

Tampa, FL 33613

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

[Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

William J. Bosso, President

(Typed or printed name and capacity of person signing application)

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PAGE 1

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AFFINITY TELEPRODUCTIONS, 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 FIFTH DAY OF JULY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 22 AM 9:31

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Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

7563747

07-05-95

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000004040

1. Corporation Name

AFFINITY TELEPRODUCTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15438 N. FLORIDA AVE., STE. 103
TAMPA FL 33613

Mailing Address

15438 N. FLORIDA AVE., STE. 103
TAMPA FL 33613

If above addresses are incorrect in any way, list through incorrect information and enter correction below

2. How Principal Office Address, if Applicable

15310 AMBERLY DRIVE
SUITE 370
TAMPA FL
33647

3. How Mailing Office Address, if Applicable

15310 AMBERLY DRIVE
SUITE 370
TAMPA, FL
33647

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1995

5. FEI Number

22-2473403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPS	BOSSO, WILLIAM J.	15438 N. FLORIDA AVE., STE. 103	TAMPA FL 33613
DVT	FARRELL, JAMES	15438 N. FLORIDA AVE., STE. 103	TAMPA FL 33613
DPS	BOSSO, WILLIAM J.	15310 AMBERLY DRIVE STE 370	TAMPA, FL 33647
DVT	FARRELL, JAMES	15310 AMBERLY DRIVE STE 370	TAMPA, FL 33647
			300001983239--4 -10/22/96--01143--007 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 E. LAS OLAS BLVD., STE. 1900
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
WILLIAM J. BOSSO
Street Address (P.O. Box Number is Not Acceptable)
15310 AMBERLY DRIVE
Suite, Apt., Etc.
SUITE 370
City
TAMPA
State
FL
Zip Code
33647

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/11/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/96

Date

(813) 975-8180
Daytime Phone