

B95000000435
Document Number Only

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone
CORPORATION(S) NAME

FILED OF STATE
SECRETARY OF CORPORATIONS
95 DEC -6 PM 5:40

FILED OF STATE
SECRETARY OF CORPORATIONS
95 DEC -6 PM 1:40

Software Hotel, LLC

1000016594
-12/12/95--01032--003
*****87.50 *****87.50

- | | | |
|---------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious name Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

PLEASE RETURN EXTRA COPIES
FILE STAMPED

C. TAX
FILING
R. AGENT FEE
C. COPY
TOTAL
N. NAME
BALANCE DUE
F. FILING

File 2nd

*Please call Mel
if money is wrong.
Thanks again*

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Software Hotel, L.P.

(Name of limited partnership as it is in the home state;

2. Software Hotel, Ltd.

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. May 25, 1995

(Date of Formation)

5. _____

C T CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6. _____

c/o C.T. Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation

(City)

, Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Tanya M. Villar

(Officer must sign on this line)

TANYA M. VILLAR

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. 1209 Orange Street, Wilmington, Delaware

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Software Hotel, Inc.

SPECIFIC ADDRESS

One Blockbuster Plaza, Ft. Laud., FL 33301

F95000005940

10. One Blockbuster Plaza, Ft. Laud., FL 33301

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. One Blockbuster Plaza, Ft. Laud., FL 33301

(Mailing Address of Limited Partnership)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC - 6 PM 1:40

This 27th day of November, 1995.

Thomas W. Hawkins
General Partner
Software Hotel, Inc.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC -6 PM 1:40

STATE OF FLORIDA

COUNTY OF Broward

THE FOREGOING instrument was acknowledged and sworn to before me this 27 day of November, 1995, by Thomas W. Hawkins, SVP of SOFTWARE HOTEL, INC. (Name of General Partner) of SOFTWARE HOTEL, L.P. (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Tenn M. Trimmer

Notary Public
State of FLORIDA at Large

(SEAL)

My Commission Expires:



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared THOMAS W. HAWKINS, SVP OF
general partner of SOFTWARE HOTEL L.P. SOFTWARE HOTEL, INC., a
DELAWARE, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are
needed for the purposes of transacting business in Florida is \$ 0.

This 27 day of November, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are
true, to the best of my knowledge and belief.

General Partner

Thomas W. Hawkins

STATE OF FLORIDA
COUNTY OF BROWARD
DATE 11/27/95

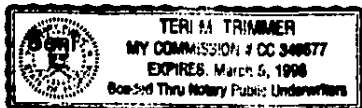
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and
to take acknowledgments in and for the State and County set forth above, personally ap-
peared THOMAS W. HAWKINS (General Partner, known to me and known by
me to be the person who executed the foregoing Affidavit of Capital Contributions, and he
acknowledged to me and before me that he executed this Affidavit as General Partner of said
partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the
State and County aforesaid, this 27 day of November,
19 95.

Teri M. Trimmer

Notary Public

State of FLORIDA at Large
My Commission Expires:



FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000435

SOFTWARE HOTEL, LTD.

Mailing Address

**ONE BLOCKBUSTER PLAZA
FT. LAUDERDALE FL 33301**

Principal Office Address

**1200 ORANGE STREET
WILMINGTON DE**

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA
12/06/1995

3a. Date of Last Report
N/A

4. State or Country of Formation
DE

5a. Capital Contributions as Shown
on Record
\$0.00

5b. Amount of Capital Contributions in
FLORIDA to date
NONE

6. FEI Number
13-3833553

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

Additional Fee required
for Certificate of Status ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

SOFTWARE HOTEL, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

ONE BLOCKBUSTER PLAZA

11b. City, State & Zip Code

FT. LAUDERDALE FL 33301

11c. Registrar's
Document Number

F85000005840

**100001776851
-04/11/96--01062--027
****191.25 ****191.25**

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

By: Marcie Sharp

DATE

3/13/96

Typed or Printed Name of General Partner Signing Form

SOFTWARE HOTEL, INC.

By: Marcie Sharp

Telephone Number

954-832-3000