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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 11 AM 1:57

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400003094544--4

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*****87.50 *****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Waterford Multimedia Communications, Corp.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 1/11

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

BK
1/11/00

RECEIVED
00 JAN 11 AM 11:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 11 AM 1:56

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
90 JAN 11 AM 1:57

SUBJECT: WATERFORD MULTIMEDIA COMMUNICATIONS, CORP.
(Name of corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joanne Lee

(Name of Person)

Paul, Weiss, Rifkind, Wharton & Garrison

(Firm/Company)

1285 Avenue of the Americas

(Address)

New York, NY 10019

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Joanne Lee

(Name of Person)

at (212) 373-2326

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following Amount:

\$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

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1. **WATERFORD MULTIMEDIA COMMUNICATIONS, CORP.**

(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. _____
(FEI number, if applicable)

4. December 23, 1999
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1200 North Federal Highway, Suite 401
Boca Raton, Florida 33432
(Current mailing address)

8. To engage in any lawful activity.
(Purpose(s) of corporation authorized in home state or country to be carried out in State of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT Acceptable)

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301
(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.

Gerri Miranda Asst Sec
(Registered agent's signature)
Gerri Miranda

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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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 acceptable)

Chairman: David W. Svete

Address: 1200 N. Federal Highway, Suite 401

Boca Raton, FL 33432

Vice Chairman: N/A

Address: _____

Director: David W. Svete

Address: 1200 N. Federal Highway, Suite 401

Boca Raton, FL 33432

Director: _____

Address: _____

B. OFFICERS (Street address only – P.O. Box NOT acceptable)

President and CEO: David W. Svete

Address: 1200 N. Federal Highway, Suite 401

Boca Raton, FL 33432

Vice President: _____

Address: _____

Secretary: David W. Svete

Address: 1200 N. Federal Highway, Suite. 401

Boca Raton, FL 33432

Treasurer: David W. Svete

Address: 1200 N. Federal Highway

Boca Raton, FL 33432

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

13. _____

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

14. _____

David W. Svete, President

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

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATERFORD MULTIMEDIA COMMUNICATIONS, CORP." 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 TENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATERFORD MULTIMEDIA COMMUNICATIONS, CORP." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1999.

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





Edward J. Freel, Secretary of State

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AUTHENTICATION:

0189785

DATE:

01-10-00