Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H00000013195 3)))

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TQ:

Division of Corporations

Fax Number

: (850)922~4003

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512 : (305)789-9200 Phone

; (305)789-9201 Fax Number

AL

FOREIGN PROFIT QUALIFICATION

IMAGINE NETWORKS, INC.

| 0 |
|---------|
| 11 |
| 05 |
| \$78.75 |
| |

TELEFAX

FROM THE LAW OFFICES OF FOWLER, WHITE, BURNETT, HURLEY, BANICK & STRICKROOT, P.A. 100 SouthEast Second Street Miami, FL 33131-1101

OUR FAX NO.

305-789-9201

OUR TELEPHONE NO. 305-789-9200

PLEASE DELIVER THE FOLLOWING PAGES AS SOON AS POSSIBLE TO:

NAME:

Agnes Lunt

FIRM:

Document Specialist

CITY:

FAX NO.:

850-922-4003

FROM

Judy Rodman, Paralegal

OUR FILE NO.:

51977-FKL

Imagine Networks, Inc.

COMMENTS:

Fax Audit No. H00000013195 3 Letter No. 100A00016536

Account No. 071250001512

Enclosed are Application by Foreign Corporation for Authorization to Transact Business in Florida, a current certificate of good standing from the State of Delaware, a copy of your letter referenced above, and the fax audit sheet. Please process accordingly.

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 7

DATE: March 28, 2000

IMPORTANT MESSAGE

THIS TRANSMITTAL IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMITTAL IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL TRANSMITTAL TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE. THANK YOU.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 24, 2000

FOWLER, WHITE, BURNETT, ET AL

SUBJECT: IMAGINE NETWORKS, NC.

REF: W00000007996

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence, dated no more than 30 days prior to the celivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under onth of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H00000013195 Letter Number: 100A00016536 10 NER 30 PH 1: 00

| <u>MA</u> R-30-'00 THU 13:47 | ID:FOWLER WHITE G90 | TEL NO: | #597 PØ4 |
|--|----------------------------------|---|--|
| .Audit No. H00000013195 3 | TRANSMITTA | L LETTER | • |
| To: Qualification/Tax Lien Section Division of Corporations SUBJECT: Imagine Networ | | must include suffix) | |
| Dear Sir or Madam: The enclosed "Application by Foreign and check are submitted to register the | Campa or as I | As Transport Business in Fl | orida", "Certificate of Existence", s in Florida. |
| Please return all correspondence con- | perning this matter to the follo | wing: | |
| | Dugan, CPA (Name of | | |
| | , colthart & Zoch (Firm/Co | P.A. | |
| <u> </u> | (Add | ress) | · · · · · · · · · · · · · · · · · · · |
| Clost | er, NJ 07624 (City/S | ate/Zip) | |
| Should you need to call someone co | ncerning this matter, please ca | u: | 일 등 |
| Craig Dugan, CPA (Name of Person) | at (201) | | ne Number) |
| STREET ADDRESS: | | MAILING ADDRES | S: |
| Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassec, FL 32399 | | Qualification/Tax Lier Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | ons |
| Enclosed is a check for the followi | ng amount: | _ | |
| ☐ #70 00 Filing Fee | 75 Diling Fee & 57 | 8.75 Filing Fee & rtified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |
| Audit No. H00000013195 | 3 | _ | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT Audit No. H00000013195 3 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.

| OREIGN CORPO | RATION TO TRANSACT BUSINESS IN 1110 U.M. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|-----------------------------|---|--|--|
| a a balana | Networks, Inc. oration; must include the word "INCORPORATED" of like import in language as will clearly indicate the not so contained in the name at present) | y", "COMPANY", "CORPORATION" or words or hat it is a corporation instead of a natural person or | |
| | | 3 13-4104538 | |
| 2. Delaware (State or co | unity under the law of which it is incorporated, | 3. (FEI number, if applicable) | |
| 4 | March 7, 2000 5. (Date of incorporation) | Perp (Duration: Year corp. will cease to exist or "perpetual") | |
| 6(I | April 1, Date first transacted business in Florida.) (SEE SEC | 2000 CTIONS 607.1501, 607.1502 and 817.155, F.S.) | |
| 7. 324 Eas | t 48th Street | | |
| | k, NY 10017 (Current mailin | | |
| ! | ge in any act or activity per (Purpose(s) of corporation authorized in home state reet address of Florida registered agent: (P.O. Bo | ov or Mail Drop Roy NOT acceptable) | |
| Name: | Fred Lickstein | | |
| Office Address: | 100 SE Second Street Miami | , Florida, 33131 | |
| 10. Registered s | gent's acceptance: | O OF | |
| th this apparent | provisions of all statutes relative to the proper and biligations of my position as registered agent. | process for the above stated corporation at the place designated agent and agree to act in this capacity. I further agree to ad complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties, and I am familiar with the complete performance of my duties. | |
| | - <u>-</u> | then 90 days prior to delivery of this application to the | |

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)

| Audit No A. DIREC | . H00000013195 3 ~ TORS (Street address only - P.O. Box NOT acceptable) | |
|----------------------|--|---------------------------------------|
| Chairman: | Howard B. Katz | - , |
| Address: | 1 Grove Isle | |
| | Miami, Fla. 33133 | . |
| Vice Chain | nan; | |
| Address: | | . . |
| | | <u> </u> |
| Director: | | _ |
| Address: | | |
| | | . |
| Director: | | - , |
| Address: | | |
| | | _ |
| B. OFFI | ERS (Street address only - P.O. Box NOT acceptable) | |
| President: | Leigh A. Wilson | _ |
| Address: | 53 Sylvan Road North | - . |
| | Westport, Ct. 06880 | _ |
| Vice Presi | Hent: Stephen Katz | _ |
| Address: | 27 Woodcrest Drive | |
| | Woodsliff Take, NJ 07675 | |
| Secretary: | Stephen Katz | . |
| Address: | 27 Woodcrest Drive | |
| | Woodcliff Lake, NJ 07675 | _ |
| Treasurer | Howard B. Katz | ـــــــــــــــــــــــــــــــــــــ |
| Address: | 1 Grove Isle | — |
| | Miami, Fla. 33133 | - |
| note: I | 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) | — |
| | Total Vice President | |
| 14. <u>Ste</u> | (Typed or printed name and capacity of person signing application) | |

Audit No. 000000033195 3

State of Delaware

PAGE 1

Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "IMAGINE NETWORKS, INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING
BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE
SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS:

THE FOLLOWING DOCUMENTS HAVE BEEN FILED.

CERTIFICATE OF INCORPORATION, FILED. THE SEVENTH DAY OF MARCH, A.D. 2000, AT 9 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE EXCHTH DAY OF MARCH, A.D. 2000, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

AND I DO, HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.

DO MAR 30 PM 1: 00



Edward J. Freel, Secretary of State

3189042 8310

AUTHENTICATION:

0341645

001153705

DATE:

03-27-00