CAPITOL SERVICES 1/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

200003273182-----06/01/00--01027--024 *****78.75 ******78.75

CORPORATION NAM	IE(S) & DOCUMENT NUMBI	ER(S) (if known):	
1. The Ad	Team of Florida	(Document #)	00 J
2.		•=======	
(Corporati	on Name)	(Document #)	A STATE OF THE PARTY OF THE PAR
3			2 39
(Corporati	on Name)	(Document #)	
4. (Corporati	on Name)	(Document #)	₹ <u>₹</u> 85
	ck up time 6/1	Certified Copy	LANDS C
Mail out W	Vill wait Photocopy	Certificate of Status	CEIVED -I MIII: 01 -I STATE OF CORPORATION ASSEE, FLORIDA
NEW FILINGS	AMENDMENTS	26 25 g + 1, 50 2 g + 2, 50 2 g + 2, 50	
% Profit	Amendment		± 55 ±
NonProfit	Resignation of R.A., Officer/D	irector	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger	g g	.
		7	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	Me	<u>.</u> .
Annual Report		,	
Fictitious Name	Foreign	1)	
Name Reservation	Limited Partnership	(,),	
	Reinstatement	\ \ \	
	Trademark		

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS	DI TENEDA OF CONFOC
SUBJECT: The Ad Team of Florida Inc.	Oute On 1: 49
(Name of corporation)	TO .
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu Florida", "Certificate of Existence", and check are submitted to register the above reforeign corporation to transact business in Florida.	siness in ferenced
Please return all correspondence concerning this matter to the following:	
Mike Barr (Name of Person)	<u>.</u> .
United Corporate Services (Firm/Company)	
10 Bank Street, Suite 560 (Address)	E 244 145
White Plains, NY 10606 (City, State and Zip Code)	
Should you need to call someone concerning this matter, please call:	
Mike Barr at (800) 899 - 8648 (Name of Person) Area Code & Daysime Telephone Number	
COURIER ADDRESS: MAILING ADDRESS:	

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CUAPORATION 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:

9.	Name and street address of Florida registered agent: Name: United Corporate Services. Inc. Office Address: 9200-South Dadeland Blvd., Suite 508 Miami , Florida , 33156 (Zip Code)	
9.	Name and street address of Florida registered agent: Name: United Corporate Services, Inc. Office Address: 9200 South Dadeland Blvd., Suite 508	
9.	Name and street address of Florida registered agent: Name: United Corporate Services, Inc.	 .
9.		
8.	Advertising (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
	(Current mailing address)	
	Fort Lauderdale, FL 33309	18 1L
7.	2220 West Commercial Blvd., Suite 300	
U .	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	•
	April 19, 2000	-
4.	. April 12, 2000 5. Perpetual (Data of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
	DeLaware 3. N/A (State or country under the law of which it is incorporated) (FEI number, if applicable)	
2.	Delaware 3. N/A	
	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.)	

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.

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.

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

A.	DIRECTORS			- -
	Chairman:			
•	Address:		00%	
				935
	Vice Chairn	nan:	ン	
				5
	Director:	Barry J. Wagner	**************************************	
	-	437 Madison Avenue		
		New York, NY 10022		
	_	NGW IOTK, NI 10022		
	Add1622			
_	OFFICERS -			
В.		•		
	_	Jordan Zimmerman		
	Address:	2220 West Commercial Blvd., Suite 300		
	<u></u>	Fort Lauderdale, FL 33309		•
	Vice Presid	ent:		
	Address: _			
		•		
	Secretary:	Barry J. Wagner		· -
	Address:	437 Madison Avenue		
	•	Fort Lauderdale, FL 33309	• • • •	
	Treasurer:			-
	Address:		•	
				ν -
		nay attach an addendum to the application listin	g additional	officers
and/d	or directors.			
13.	Janus.	wares		
13.	Signature of Chairman, Vice	Chairman, or any officer listed in number 12 of the application	ation)	
			· .	
14.	Barry J. Wagner (Typed or printed name	Secretary and capacity of person signing application)	•	* NATE CO.

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE AD TEAM OF FLORIDA 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 MAY, A.D. 2000

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID. "THE AD TEAM OF FLORIDA INC." WAS INCORPORATED ON THE TWELFTH DAY OF APRIL,

A.D. 2000.

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

Edward J. Freel, Secretary of State

3211291 8300

AUTHENTICATION:

0466788

001273015

DATE: 05-30-00