



819595/7875U

October 30, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Mino	ishare	USA Inc.			
Filing Evidence □ Plain/Confirmation Co	ру			Type of Docum Certificate of Sta	O DCI 30 FILE D
□ Certified Copy				Certificate of Go	
				Articles Only	FLORIDA FLORIDA
Retrieval Request □ Photocopy □ Certified Copy	(5)		Articles & Amer Fictitious Name Other	Certificate 034434216 0/30/0001032-009
 NEW FILINGS		AMENDMENTS	 S	······	****78.75 *****78.75
Profit		Amendment			
Non Profit		Resignation of R	A Of	ficer/Director	
Limited Liability		Change of Regist	ered	Agent	ball
Domestication		Dissolution/With	draw	al	10/20
 Other		Merger			
OTHER FILINGS		REGISTRATION	N/Qt	JALIFICATION	
Annual Reports	x	Foreign			and the same of th
Fictitious Name		Limited Liability			
Name Reservation		Reinstatement			w sim
Reinstatement		Trademark			

Other

which it is incorporated.

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.

					-
(Name of corpora words or abbrevia	ndshare USA, Inc. nion; must include the word "INCORPO ations of like import in language as will parmership if not so contained in the na	ORATED", "COM clearly indicate theme at present.)	IPANY", "CORPORATIO at it is a corporation instead	N'or lofa	.'
natural person or	parmership it not so committee in the	•		SEC SEC	· 17
2. <u>Delawa</u> (State or country t	are under the law of which it is incorporated	3)	(FEI number, if applic	The second secon	
49/30/9 (Date	of incorporation)	(Duration: Year	orp, will cease to exist	or "perpetual"	
6. Janu (Date first)	ary 1, 20001 ransacted business in Florida.) (SEE SE	ECTIONS 607.15	01, 607.1502 and 817.155,	F.S.)	بن ر <u>ن</u>
7. <u>825 8th</u>	Avenue	· · · · ·	-		
New Yorl	k, NY 10019(Current mailing	address)			-
8. Media (Purpose)	Investment s) of corporation authorized in home sta	ate or country to b	e carried out in state of Flo Sox or Mail Drop Box N	rida) OT acceptable)	
Name:	NRAI Services, Inc.				
Office Address:	526 East Park Avenue				ė.
	Tallahassee		Florida, <u>32301</u> (Zip code)		
10. Registered	agent's acceptance:				musad lu
this application, i	ted as registered agent and to accept se I hereby accept the appointment as reg ins of all statutes relative to the proper of f my position ALPAN Services Inc.	ervice of process j istered agent and and complete perj	for the above stated corpor agrec to act in this capaci formance of my duties, and	ation at the place desig ty. I further agree to co I I am familiar with an	nuteu in , niply d ac cept
moong according	Mod Bet Aldest Her	1 agent's signature	<u>e1</u>		
 Attached is a Department of St 	certificate of existence duly authenticate tate, by the Secretary of State or other of	ted, not more than Micial having cust	90 days prior to delivery o ody of corporate records in	I this application to the furisdiction under	ne the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

See attached.

ATTACHMENT

NAME	TITLE	ADDRESS
Officers:		
Irwin Gotlieb	President, CEO & Chairman	825 8 th Avenue
		New York, NY 10019
Mary Ellen Howe	Secretary & Treasurer	309 West 49 th Street New York, NY 10019
Tom Neuman	Vice President-Taxes	309 West 49 th Street New York, NY 10019

NAME	ADDRESSES FS
Directors:	E CT
Rupert Day	40 Strand \$3 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	London, WC2N 5RF Fig. The state of th
Irwin Gotlieb	825 8 th Avenue
	New York, NY 10019 37
Mary Ellen Howe	309 West 49 th Street
	New York, NY 10019
Tom Neuman	309 West 49 th Street
	New York, NY 10019
Dominic Proctor	40 Strand
	London, WC 2N 5RF
	England 44-20-7969-4001
Eric Salama	27 Farm Street
	London W1X 6RD, England

hairman: Address: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, or any officer listed in number 12 of the application) Mary Ellen Howe- Secretary		S (Street address only - P.O. Box NOT acceptable)
Address: Director: Address: Director: Address: Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may anach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Mary Ellen Howe: Secretary:	Chairman:	
Sirector: Address: Director: Address: Director: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Mary Ellen Boxes: Secretary: Secretary: (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	ddress:	
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director: Address:	ice Chairman:	
Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Treasurer: Address: NOTE: If necessary, you may arach an addendum to the application listing additional officers and/or directors. (Signatule of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Many Ellen Hower-Secretary		
Director:		0
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Address: Vice President:	3. OFFICER	S (Street address only - P.O. Box NOT acceptable)
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Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Mary Ellen Howe-Secretary		
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Mary Ellen Howe- Secretary		VV////A (V 1 + 17 A P
Mary Ellen Howe- Secretary		
14 signification)	14	ary Ellen Howe- Secretary (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 "MINDSHARE USA, 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 TWENTY-SIXTH DAY OF
OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINDSHARE USA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER,

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.

FILED

00 OCT 30 MIII: 37
SECRETARY OF STATE
SECRETARY FLORIDA

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Edward J. Freel, Secretary of State

AUTHENTICATION: 0756399

DATE: 10-26-00