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TRANSMITTAL LETTER

FILED
OCT 21 1990
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: LEISURE COMMUNICATION NETWORK, INC.
(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:

JEFF LORENZ
(Name of Person)

BLUEGREEN CORPORATION LEGAL DEPARTMENT
(Firm/Company)

4960 BLUE LAKE DRIVE
(Address)

BOCA RATON, FL 33431
(City/State and Zip code)

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*****70.00 *****70.00

For further information concerning this matter, please call:

JEFF LORENZ at (561) 912-8006
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

BK 11/1

**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.*

1. LEISURE COMMUNICATION NETWORK, INC.
(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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/11/00 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4960 Blue Lake Drive, Boca Raton, FL 33431
(Principal office address)
- 4960 Blue Lake Drive, Boca Raton, FL 33431
(Current mailing address)
- Acquirer, manager and/or dispenser of electronic or other media telecommunication services.
8. _____
(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: Corporation Service Company

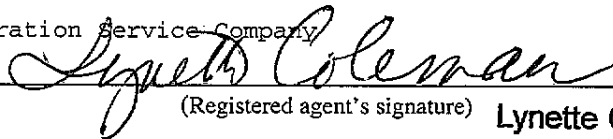
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company


(Registered agent's signature)

Lynette Coleman
as its agent

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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Patrick E. Rondeau

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

14. Patrick E. Rondeau, President

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

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Name of Company: LEISURE COMMUNICATION NETWORK, INC.

Officers & Directors

President, Secretary, Director

Patrick E. Rondeau
4960 Blue Lake Drive
Boca Raton, FL 33431

Treasurer

John F. Chiste
4960 Blue Lake Drive
Boca Raton, FL 33431

Assistant Secretary, Director

Danny L. Ferguson
4960 Blue Lake Drive
Boca Raton, FL 33431

Assistant Secretary

W. Randy Steinbeck
4960 Blue Lake Drive
Boca Raton, FL 33431

Vice President

Shawn Ericson
4960 Blue Lake Drive
Boca Raton, FL 33431

Vice President

Allan Herz
4960 Blue Lake Drive
Boca Raton, FL 33431

Vice President, Director

L. Nicolas Gray
4960 Blue Lake Drive
Boca Raton, FL 33431

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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 "LEISURE COMMUNICATION NETWORK 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 SIXTEENTH DAY OF OCTOBER, A.D. 2000.

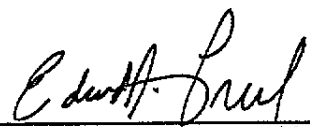
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Edward J. Freel, Secretary of State
AUTHENTICATION: 0736249

DATE: 10-16-00