

F0100000 3130

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: BLUESTONE PRODUCTIONS, 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:

MATILDE P. VALERA  
(Name of Person)

BLUESTONE PRODUCTIONS, INC.  
(Firm/Company)

245 WEST 55TH STREET, SUITE 1007  
(Address)

NEW YORK, NEW YORK 10019  
(City/State/Zip)

400004367184--7  
-06/06/01--01034--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

MATILDE P. VALERA at ( 212 ) 245-5008  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET 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:

- ☐ \$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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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. BLUESTONE PRODUCTIONS, 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. NEW YORK 3. 16-1429237  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JAN. 1993 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. ON OR ABOUT 6/01/01  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 245 WEST 55TH STREET, SUITE 1007  
NEW YORK, NY 10019  
(Current mailing address)

8. TO PROVIDE PAYROLL SERVICE FOR BACKGROUND ACTORS  
(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: LINA FE STONE

Office Address: 110 DANA POINTE  
NICEVILLE, Florida, 32578  
(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.*

Lina Fe Stone  
(Registered agent's signature)

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)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

President: WILLIAM R. TESTORI

Address: 47 LEONARD STREET PO BOX 758

HANCOCK, NEW YORK 13782

Vice President: WILLIAM R. TESTORI

Address: 47 LEONARD STREET PO BOX 758

HANCOCK, NY 13783

Secretary: MARK A. VALERA

Address: 47 LEONARD STREET PO BOX 758

HANCOCK, NY 13783

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**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. WILLIAM R. TESTORI - PRESIDENT

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

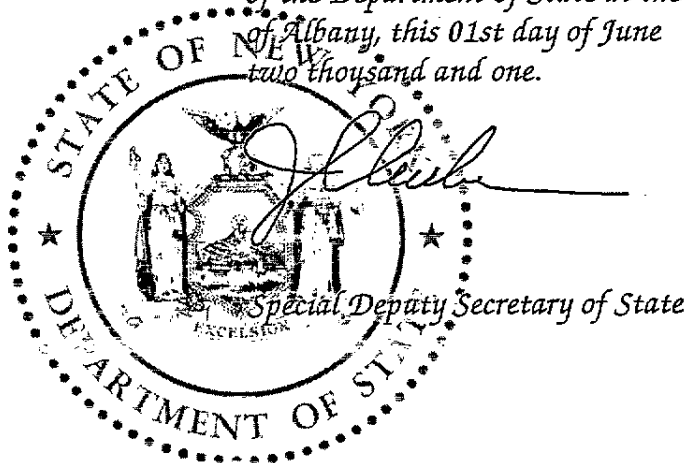
State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of BLUESTONE PRODUCTIONS, INC. was filed on 01/08/1993, under the name of BLUE STONE PRODUCTIONS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment BLUE STONE PRODUCTIONS, INC., changing its name to BLUESTONE PRODUCTIONS, INC., was filed 01/22/1993.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 01st day of June  
two thousand and one.



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