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() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC () CUS
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W.P. Verifier		Amount: \$ *****8.75 *****8.75

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. BATES HEALTHWORLD, INC. (Name of corporation; must include the word "TNCORPORATED", "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.) New York (State or country under the law of which it is incorporated) perpetual (Date of incorporation) (Duration: Year corp. will cease Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificat" ion.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 100 Avenue of the Americas, New York, NY 10013 (Principal office address) Gould & Wilkie LLP, One Chase Manhattan Plaza, 58th Floor, New York, NY 10005-1401 (Current mailing address) Attention: Bo Hong, Esq. Marketing services (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: CT CORPORATION SYSTEM

10. Registered agent's acceptance:

Office Address: 1200 South Pine Island Road

Plantation

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.

Registered agent's signature)

ARMANDO VALDES

Vice President

__, Florida __33324

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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State of New York Pepartment of State

I hereby certify, that the Certificate of Incorporation of BATES HEALTHWORLD, INC. was filed on 04/23/1986, under the name of GIRGENTI, HUGHES, BUTLER & MCDOWEL, 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 GIRGENTI, HUGHES, BUTLER & MCDOWEL, INC., changing its name to GIRGENTI, HUGHES, BUTLER & MCDOWELL, INC., was filed 06/18/1986.

A Certificate of Amendment GIRGENTI, HUGHES, BUTLER & MCDOWELL, INC., changing its name to BATES HEALTHWORLD, INC., was filed 07/03/2000.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of September two thousand and one.

Special Deputy Secretary of State

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