FOIOOGGS5089

Registration Section

To:

Division of Co	orporations		
SUBJECT:	TERACTIVE Mult (Name of corporat	ion - must include suffix)	ak, Inc.
Dear Sir or Madam:			
	ation by Foreign Corporation for ce", and check are submitted to orida.		
Please return all corres	pondence concerning this matt	er to the following:	رسن المساومة والماران الماران
MANAGE A ARRANGE A	William J. Aule	tota	JUO46126596 -09/26/0101082003 ******70.00 ******70.00
No. of the later o	(Firm/C	(Amnany)	
(Firm/Company)			
5581-B Coach House Circle (Address)			
(Address)			
Doca Katon, FL 33486			
(City/State/Zip)			
Should you need to call someone concerning this matter, please call:			
(Name of Person) at (561) 367 - 8667 PS TO THE CODE & Daytime Telephone Number TO TO THE CODE & Daytime Telephone Number TO TO TO THE CODE & Daytime Telephone Number TO TO TO THE CODE & DAY TO			
STREET ADDRESS:		MAILING ADDRESS:	, FS ⊋ D
Registration Section Division of Corporation 409 E. Gaines St.		Registration Section Division of Corporations P.O. Box 6327	PAIE ORIDA
Tallahassee, FL 32399		Tallahassee, FL 32314	4100
Enclosed is a check for	the following amount:		ente 9/28
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Tuteractive Multimedia 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. New Jersey
(State or country under the law of which it is incorporated)

3. 105-0488983
(FEI number, if applicable) 4. March 04 1994 5. Per pet val

(Date of incorporation) 5. Quration: Year corp. will cease to exist or "perpetual") (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. a. 5581-B Coach House Circle, Boca Raton, Fl 33486
(Principal office address) 6. 5581-B Coach House Circle Boca Raton, FL 33486 (Current mailing address) Accounting And Tecord Keeping
(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) Boca Raton, Florida 33486 (Zip code) Office Address: 5581-B Coach House Circle 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. (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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: I. Verdiramo Kennedy Boulevard City, NJ 07306 HOUSE Circle B. OFFICERS erdiramo Boulevard Jersey City, NJ 07306 Vice President: WILLAM J. Address: 5581-B Coach House Circle Boca Raton, FL 33486 Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 1 & CUARRAN (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERACTIVE MULTIMEDIA 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 TENTH DAY OF SEPTEMBER, A.D. 2001.

O1 SEP 26, PM 9: 16
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1336311

DATE: 09-10-01

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