

# FDI 00006698

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clown Connection, 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:

Jan M. Boeglin

(Name of Person)

Clown Connection Inc

600004693906-6  
-11/26/01--01084-002

(Firm/Company)

\*\*\*\*\*70.00 \*\*\*\*\*70.00

28060 Palmas Grandes Ln. #103

(Address)

Bonita Springs, FL 34135

(City/State and Zip code)

For further information concerning this matter, please call:

Jan M. Boeglin

(Name of Person)

at ( 841 ) 948-3060

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
*mth*

**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

*11/28*

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. Clown Connection, 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. Indiana

(State or country under the law of which it is incorporated)

3. 35-2074064

(FEI number, if applicable)

4. 4/27/99

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Know 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. 4214 Hobson Ct., Ft. Wayne, IN 46815

(Principal office address)

28060 Palmas Grandes Ln. #103, Bonita Springs, FL 34135

(Current mailing address)

8. Clown Entertainment

(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: G. James Boeglin

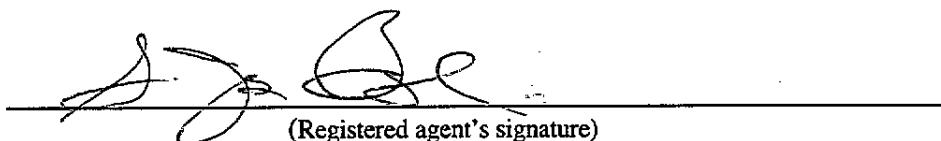
Office Address: 28060 Palmas Grandes Ln. #103

Bonita Springs, Florida 34135  
(City) (Zip code)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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: G. James Borglin

Address: 2800 Palmas Grandes Lane #103  
Bonita Springs, FL 34135

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

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

Director: Jan M. Borglin

Address: same address

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

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

B. OFFICERS

President: Jan M. Borglin

Address: same

Vice President: G. James Borglin

Address: same

Secretary: G. James Borglin

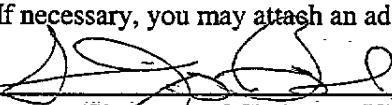
Address: same

Treasurer: Jan M. Borglin

Address: same

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. G. James Borglin, Chairman

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

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

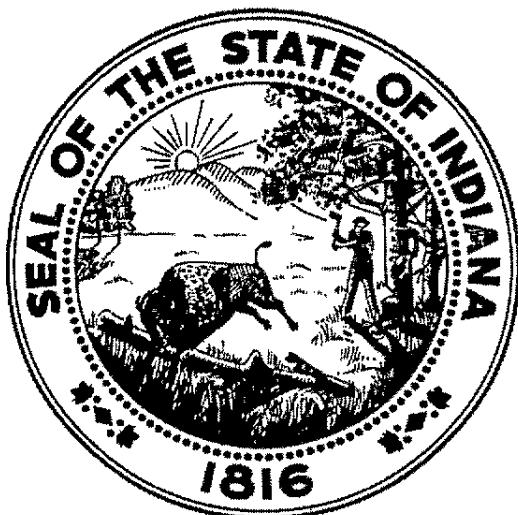
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CLOWN CONNECTION, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 27, 1999, and was in existence or authorized to transact business in the State of Indiana on November 01, 2001.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand  
and affixed the seal of the State of Indiana, at the  
City of Indianapolis, this First Day of November, 2001.

01 NOV 26 2001  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
FILED  
Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State