

F01000006130

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000117423 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

AL

FOREIGN PROFIT QUALIFICATION

MOONSCAPE PRODUCTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing

Public Access Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

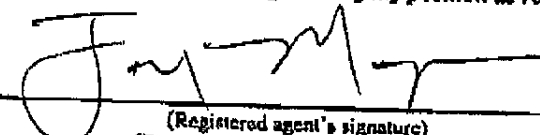
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
01 NOV 28

1. MOONSCAPE 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
(State or country under the law of which it is incorporated)
3. APPLIED FOR
(FEI number, if applicable)
4. 11-16-01
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING OF THIS APPLICATION
(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. C/O MARTIN CAINE, 675 OLD COUNTRY ROAD, WESTBURY, NY 11590-4513
(Principal office address)
- SAME AS ABOVE
(Current mailing address)
8. Production + Distribution Films + Videos
(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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Office Address: 4435 OLD WINTER GARDEN ROAD
ORLANDO, Florida 32811
(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.


(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.

BLUMBERGEXCELSIOR

62 WHITE ST

NY NY 1002

800-221-2972

H010001174233

H010001174233

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

A. DIRECTORS

Chairman: MARVIN SCHILDAddress: C/O MARTIN CAINE, 675 OLD COUNTRY RD., WESTBURY, NY 11590Vice Chairman: THOMAS V. DEGREZIAAddress: C/O MARTIN CAINE, 675 OLD COUNTRY RD., WESTBURY, NY 11590Director: THOMAS A. DEGREZIAAddress: C/O MARTIN CAINE, 675 OLD COUNTRY RD., WESTBURY, NY 11590

Director: _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 28

B. OFFICERS

President: MARVIN SCHILDAddress: C/O MARTIN CAINE, 675 OLD COUNTRY RD., WESTBURY, NY 11590

Vice President: _____

Address: _____

Secretary: THOMAS A. DEGREZIAAddress: C/O MARTIN CAINE, 675 OLD COUNTRY RD., WESTBURY, NY 11590

Treasurer: _____

Address: _____

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. MARVIN SCHILD, PRESIDENT

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

BLUMBERG EXCELSTOR

62 WHITE ST

NY NY 10013

800-221-2472

H010001174233

H010001174233

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of MOONSCAPE PRODUCTIONS INC. was filed on 11/16/2001, 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.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of November
two thousand and one.

Special Deputy Secretary of State

01 NOV 28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200111200178 • 39

BLUMBERG EXCELSTON
62 WHITE ST
NY NY 10013
800-221-2472

H010001174233