

F02000002307

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACTS ON FILE, INC.
(Name of corporation - must include suffix)

3/16 FOR CORP
MJH

Dear Sir or Madam:

900005480619--6
05/07/02-01027-002
*****70.00 *****70.00

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:

SUSAN Mc DONNELL

(Name of Person)

FACTS ON FILE, INC.

(Firm/Company)

132 W. 31st St, 17th FL

(Address)

NEW YORK NY 10001

(City/State and Zip code)

For further information concerning this matter, please call:

SUSAN Mc DONNELL

(Name of Person)

at (212, 896-4255)

(Area Code & Daytime Telephone Number)

FILED
02 MAY -6 PM 4:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

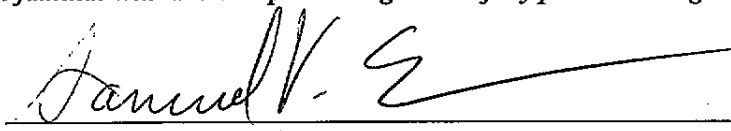
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. FACTS ON FILE, 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. DELAWARE 3. 13-3720604
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6-15-99 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon 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. 132 W. 31ST ST, 17TH FLOOR, NEW YORK, NY 10001
(Principal office address)
(SAME AS ABOVE)
(Current mailing address)
8. BOOK AND ONLINE SUBSCRIPTION SALES
(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 accepted)
Name: EASON ASSOCIATES
Office Address: 2855 CIRCLE RIDGE DR
ORANGE PARK, Florida 32065
(City) (Zip code)

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TALLAHASSEE FLORIDA

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: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARK McDONNELL

Address: 132 W. 31st St., 17th Fl

NEW YORK, NY 10001

Vice President: JAMES HOUSTLEY

Address: 132 W. 31st St., 17th Fl

NEW YORK, NY 10001

Secretary: _____

Address: _____

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. James L. Housley

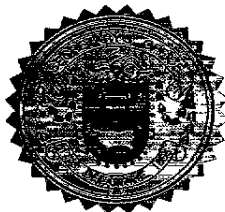
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACTS ON FILE, 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 SEVENTEENTH DAY OF APRIL, A.D. 2002.



2339002 8300

020221874

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1726149

DATE: 04-17-02