### **W**

# F02000003078

#### CORPORATION(S) NAME

First Class Seats, Inc.		PH 02 JUN 18 PH EECKETARY OF THE LANGSEE, T
		PH 1: 31 Y OF STATE SEE, FLORIE
()Profit ()Nonprofit	() Amendment	() Merger S Z
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability  Document Examiner Updater	6/18/02 ~~~	Order#: 5417746  700058151575 -06/18/0201055006  Ref#: *****70.00 ******70.00
Verifier W.P. Verifier	502-3075	Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 T02-3018

## FILED

#### 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.

I.	First Class Sec	ats. Inc.	
(Name of corpo	oration; must include the word "INCORPORATE	ED", "COMPANY", "CORPORATION" or	
words or abbre natural person	viations of like import in language as will clearly or partnership if not so contained in the name at	vindicate that it is a corporation instead of a	
<b>p</b>		producty	
2.	<i>Disconsin</i>	3 52 223 8068	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4	lay 5, 2000 s.	ation: Year corp. will cease to exist or "perpetual")	
(Da	te of incorporation) (Dura	ation: Year corp. will cease to exist or "perpetual")	
6. <u>"will</u>	t transacted business in Florida.) (SEE SECTION	alification	18 1881 1881
(Date firs			PE PE
7	310 5th Street	<u></u>	S
	foring 107 5	3403	
	(Current mailing addres	3 <u>403</u>	— N., _
8. <u>-Ve</u>	whing Service business of corporation authorized in home state or con	NESS	
(Purpose	(s) of corporation authorized in home state or co	untry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	
		, <u> </u>	
Name:	C T Corporation System	· · •	
Office Address:	1200 South Pine Island Road		
	Plantation	DI 11 22204	
	Fiditation	, Florida, <u>33324</u> (Zip code)	
		(Zip 6646)	
10. Registered	agent's acceptance:		
Having been nam	ed as registered agent and to accept service of p	rocess for the above stated corporation at the place do	esignated in
this application, I	hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further agree t	to comply
wiin ine provision the obligations of	s of all statutes relative to the proper and compl my position as registered agent.	lete performance of my duties, and I am familiar with	and accept
3	C T Corporation System		
	Conne Bayan (no	gnature)	
	(Registered agent's significant (Registered agent)) (Registered agent) (Registere	gnature)	

- 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 addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable) FL019 9/2/99 C T System Online

A. DIRECTO	ORS (Street address only - P.O. Box NOT acceptable)		• •
Chairman:	-max 3. Eberhardt		
Address:	310 5th Street	,	
	Rocine, WZ 53403		
	n;		
Address:			
Director:		ALL SEQ	02
Address:			=
		SSE	8
Director:		OF S	3
		ORII	<del></del>
		A	
B. OFFICE	CRS (Street address only - P.O. Box NOT acceptable)		
President:	-Mark J. Eberhardt		
Address:	310 5th Street		<u>.</u>
	Pooine, WZ 53403		<u>_</u>
	= marsha J. Eberhanoll		
Address:	310 5th Street		
	Pacine, WZ 53403		
	-Marsha I. Bherharolt		
	310 5th Street		
	Poemo, WZ 53403		
Treasurer:	Mark J. Eberharolt		
Address:	30 5th Street		
	Parine, Wz. 53403	-	
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors.		<u> </u>
13	Mashan Else hosel		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	Vice President and Secretary		
	(Typed or printed name and capacity of person signing application)		

#### United States of America

#### State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Greetings:

I do hereby certify that

FIRST CLASS SEATS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is Mag

I further certify that corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 14, 2002.

Judi M. Sopher Office of the Administrator Department of Financial Institutions

BY:

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33