

# FD300 0001059

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : LEVINE & PARTNERS, P.A.  
Account Number : 074677001117  
Phone : (305) 372-1350  
Fax Number : (305) 372-1352

03 MAR -4 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FOREIGN PROFIT QUALIFICATION

Premiere Vue, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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LEVINE & PARTNERS

#1135 P.002/006

Department of State 3/3/2003 3:53 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 3, 2003

LEVINE & PARTNERS, P.A.

SUBJECT: PREMIERE VUE, INC.  
REF: W03000005901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We are sorry to have to return this a second time, but the CERTIFICATE you have submitted is the cover sheet of a certified copy of the revocation of dissolution. We cannot accept this.

What you must submit with this application is a CERTIFICATE OF GOOD STANDING. This is a one page certificate with no attachments that states that the company was incorporated in Delaware and that it continues in active existence. We think that Delaware has a SHORT FORM STANDING and a LONG FORM. The SHORT FORM will be sufficient.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

FAX Aud. #: H03000066610  
Letter Number: 803A00013491

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TALLAHASSEE, FLORIDA  
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DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PREMIERE VINE, 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:

ALAN W. LEVINE, ESQUIRE  
(Name of Person)

LEVINE & PARTNERS, P.A.  
(Firm/Company)

1110 BRICKELL AVENUE, SEVENTH FLOOR  
(Address)

MIAMI, FLORIDA 33131  
(City/State and Zip code)

For further information concerning this matter, please call:

ALAN W. LEVINE at ( 305 ) 372-1350  
(Name of Person) (Area Code & Daytime Telephone Number)

**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:

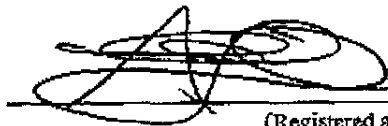
☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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# 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. PREMIERE VUE 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. 650147102  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 14, 1989 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. October 6, 1989 UNDER CHARTER # P26353  
(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. 1110 BRICKELL AVENUE, SEVENTH FLOOR, MIAMI, FLORIDA 33131  
(Principal office address)  
1110 BRICKELL AVENUE, SEVENTH FLOOR, MIAMI, FLORIDA 33131  
(Current mailing address)
8. PHOTOGRAPHIC PROCESS LABORATORY AND OTHER LEGALLY PERMISSIBLE ACTIVITIES  
(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: ALAN W. LEVINE, ESQUIRE  
Office Address: 1110 BRICKELL AVENUE, 7th FLOOR  
MIAMI, Florida 33131  
(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.

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STATE  
FLORIDA

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

## A. DIRECTORS

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

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

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

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

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

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

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

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

## B. OFFICERS

President: CHRISTIAN BOUVIERAddress: 33 RUE L. HOMOND, PARIS, FRANCE  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: ALAN W. LEVINEAddress: 1110 BRICKELL AVENUE, SEVENTH FLOOR, MIAMI, FLORIDA 33131  
\_\_\_\_\_

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. \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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NO. 208

P. 2

# Delaware

*The First State*

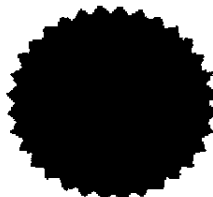
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TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIERE VUE 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 FOURTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREMIERE VUE INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2207684 8300

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AUTHENTICATION: 2287250

DATE: 03-04-03