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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies_ Certificates of Status Special Instructions to Filing Officer:

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ACCOUNT NO. : 072100000032

JALLAHASSEE, FLORIDA

AUTHORIZATION: Others Typuts
COST LIMIT : \$ 70.00
ORDER DATE: April 2, 2003
ORDER TIME: 10:27 AM
ORDER NO. : 996320-010
CUSTOMER NO: 7124779
CUSTOMER: Mr. Michael W. Ferguson Mr. Michael W. Ferguson 6 Albacon Road
Nanuet, NY 10954
<u>FOREIGN</u> FILINGS
NAME: OMNISOURCE EVENTS, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Darlene Ward -- EXT# 1135

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

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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: 23

1. OMNISOURCE EVENTS, INC.	JAIL AUSSEE STATE
(Name of corporation; must include the word "INCORPO words or abbreviations of like import in language as will natural person or partnership if not so contained in the na	clearly indicate that it is a corporation instead of a me at present.)
2. DELAWARE	3. 13 - 393 5345 (FEI number, if applicable)
(State or country under the law of which it is incomprated	(FEI number, if applicable)
4 3-03-97	5. PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION	5. PELPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida. If corporation h	nas not transacted business in Florida, insert "upon qualification.") 7.1501, 607.1502 and 817.155, F.S.)
7. 6529 FARWAY HIL	ce address)
	ce address)
SAME	
(Current mailin	ng address)
8. EVENT PRODUCTION	
(Purpose(s) of corporation authorized in home state	e or country to be carried out in state of Florida)
9. Name and street address of Florida registered ag	gent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Corporation Service Company	
Office Address: 1201 Hays Street	
Tallahassee (City)	, Florida <u>32301</u> (Zip code)
designated in this application, I hereby accept the app	t service of process for the above stated corporation at the place pointment as registered agent and agree to act in this capacity. I tutes relative to the proper and complete performance of my ions of my position as registered agent.
Corporation Edry Ge Company	

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:

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addendum to the application listing additi	onal officers and/or directors.
Vice Chairman, or any officer listed in nu	mber 12 of the application)
son!	
Vice Chairman, or any officer listed in nu	mber 12 of the

Delaware

The First State

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNISOURCE EVENTS, 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 THIRD DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNISOURCE EVENTS, INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 1997.

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



2723593

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Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2347518

030222013 DATE: 04-03-03