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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

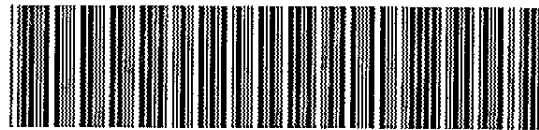
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MADACY SPECIAL PRODUCTS, 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:

GARY FODI  
(Name of Person)

MADACY ENTERTAINMENT GROUP, INC.  
(Firm/Company)

IDEAL PROFESSIONAL PARK, 2333 MORRIS AVE., STE C-2  
(Address)

UNION, NJ 07083  
(City/State and Zip code)

For further information concerning this matter, please call:

GARY FODI at 514-341-5600 X280  
(Name of Person) (Area Code & Daytime Telephone Number)

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STATE OF FLORIDA  
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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. MADACY SPECIAL PRODUCTS, 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. 81-0601078  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/25/03 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. 2333 MORRIS AVE., STE C-2 UNION, NJ 07083  
(Principal office address)  
2333 MORRIS AVE., STE C-2 UNION, NJ 07083  
(Current mailing address)
8. WHOLESALE DISTRIBUTOR OF PRERECORDED MUSIC.  
(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: CT CORPORATION SYSTEM  
Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(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.

*Claudia L. Saari*

(Registered agent's signature)

Claudia L. Saari  
Asst. Secretary

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: STEPHEN STROME

Address: 500 KIRTS BLVD  
TROY, MI 48084

Vice Chairman: THOMAS C. BRAUM, JR.

Address: 500 KIRTS BLVD  
TROY, MI 48084

Director: PETER J. CLINE

Address: 500 KIRTS BLVD  
TROY, MI 48084

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

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

B. OFFICERS

President: STEPHEN STROME

Address: 500 KIRTS BLVD  
TROY, MI 48084

Vice President: THOMAS C. BRAUM, JR.

Address: 500 KIRTS BLVD  
TROY, MI 48084

Secretary: PETER J. CLINE

Address: 500 KIRTS BLVD., TROY, MI 48084

Treasurer: THOMAS C. BRAUM, JR.

Address: 500 KIRTS BLVD., TROY, MI 48084

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas C Braum  
(Signature of Chairman, Vice Chairman or any officer listed in number 12 of the application)

14. THOMAS C. BRAUM, JR., VICE PRESIDENT/TREASURER  
(Typed or printed name and capacity of person signing application)

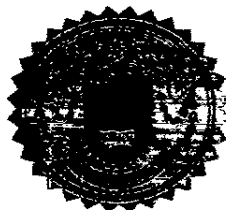
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MADACY SPECIAL PRODUCTS, 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 ELEVENTH DAY OF MARCH, A.D. 2003.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2302252

DATE: 03-11-03