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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: IMAGINE ANTTHING 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:
PATRICIA L. COLACCHIO
(Name of Person)
IMAGINE ANYTHING INC 53 (Firm/Company)
(Firm/Company)
14-09 46TH AVE NE SS 5
(Firm/Company)  14-09 46TH AVE NE (Address)  ST. PETERS BURG, FL 33703 5 5 (City/State and Zip code)
(City/State and Zip code)
(Chy/State and Zip code)
For further information concerning this matter, please call:
TONY COLACCHIO at (727) 520-7009  (Name of Person) (Area Code & Daytime Telephone Number)
(rada coda de Bayanne receptorie realiber)
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 S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2003

PATRICIA L. COLACCHIO IMAGINE ANYTHING INC 1409 46TH AVE NE ST PETERSBURG, FL 33703

SUBJECT: IMAGINE ANYTHING INC

Ref. Number: W03000012876

We have received your document for IMAGINE ANYTHING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 703A00027862

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS N 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. 1MAGINE ANTTHING 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. GEORGIA

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. 5-27-97

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual") 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.)

46TH AVE NE ST. PETERSBURG FOR (Principal office address) RELOCATED - WER SITE DESIGN &
(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) Office Address: 1409 PSBURG , Florida [ 33703 (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

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. DIRE	CTORS'	
Chairman:		
Address: _		
_		
Vice Chair	nan:	
Address: _		
<del></del>		
Director:		
Address: _		
-		
Director: _		
_	SS: J. T.	<u> </u>
B. OFFI	CERS CERS	j
President:	PATRICIA L. COLACCHIO	
Address: _	1409 46TH AUE NE	
	ST. PETERSBURG, FL 33703	
Vice Presid	ent: ANTHONY M. COLACCHIO	
	1409 46TH AUE NE	
	ST. PETERSBURG, FL 33703	
Secretary:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Address: _		
Treasurer:	ANTHONY T. COLACCHIO	
Address:	1409 46TH AVE NE	
	ST. PETERSISURG, FL 33703	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	Pat / Sunt	
- 4	(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)	

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER: K720325
DATE INC/AUTH/FILED: 05/30/1997
JURISDICTION: GEORGIA
PRINT DATE: 04/29/2003
FORM NUMBER: 211

IMAGINE ANYTHING
ANTHONY COLACCHIO
1409 46TH AVE NE
ST. PETERSBURG, FL 33703

CERTIFICATE OF EXISTENCE 23 tate of Georgia, do hereby I, Cathy Cox, the Secretary under the seal of my offic is in compliance with the a of Title 14 of the Official. egistration provisions cable ated above or was authorized to and has not filed articles of other similar document with the Said entity was formed in transact business in Georgia on dissolution, certificate of cancer Office of the Set ence of the above-named entity whether or not a notice of , a statement of commencement been filed or is pending with This certificate relates as of the print date abo to the ite aboye It does no withdrawal intent to dissolve \ an application of winding up or any ther-similar-document the Secretary of State issued and certified in information Electronic Records and Signatures Act and Title 14 accordance with the Georgia of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20030429140200899



Cathy Cox Secretary of State