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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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### TRANSMITTAL LETTER

03 JUN 30 PM 3: 38

HALLAHASSEE, FLORIDA

Certified Copy

TO: Registration Section Division of Corporations	TALLAHASSEE,
SUBJECT: FOUTAINACE	+ Media, INC.
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Business in Florida", to register the above referenced foreign corporation
Please return all correspondence concerning this ma	atter to the following:
B. STUART RO	GERS
(Name	e of Person)
Please return all correspondence concerning this many B. STUART RO  (Name FOUTAINMENT)  (Firm 9011 CLAPMAN)	hedia, Inc.
(Firm	Company)
9011 CLAPMAN	OAK Ct.
(A	.ddress)
Win permere, Fl	ate and Zip code)
(Čity/Sta	ate and Zip code)
For further information concerning this matter, plea	se call:
Stuart Rogens at (40 (Name of Person) (A)	7 ) 876 - 9849
(Name of Person) (Ai	ea Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	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 Certificate of Status &

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE 3: 38 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1. EDUTAINMENT MEDIA 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 3. 30-0012516 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 1/11/92 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")		
6. (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")		
13EE 3EC 110N3 007.1301, 007.1302 and 017.133, F.3.1		
7. 9011 Charman OAH Ct. (Principal office address)		
(Principal office address)		
9011 Charman Oak Ct. (Current mailing address)		
(Current mailing address)		
8. Computer BASED AND WEB BASED TRAINING DEVELOPMENT (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: Stuart Rogers		
Office Address: 9011 Charman One Ct		
Office Address: 9011 Chapman On Ct  Winderney , Florida 34786 (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.		
B. Shippet locus		
(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: FILED A. DIRECTORS 03 JUN 30 PM 3: 3F WIN DELMENE, FLONIDA 34786 Vice Chairman: Cheny/ LASIR Rogers Director: \_ Director: \_\_\_ Address: \_ B. OFFICERS Vice President: Address: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(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 : 0202833
DATE INC/AUTH/FILED: 01/11/2002
JURISDICTION : GEORGIA

JURISDICTION : GEORGIA
PRINT DATE : 06/17/2003
FORM NUMBER : 211

03 JUN 30 PM 3: 3

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TALLAHASSEE, FLOR

EDUTAINMENT MEDIA, INC. STUART ROGERS 9011 CHAPMAN OAK CT. WINDERMERE, FL 34786

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

EDUTAINMENT MEDIA, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date, and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 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.

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Cathy Cox Secretary of State