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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
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FOREIGN PROFIT QUALIFICATION

THE CMI NETWORK, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE

Glanda E. Hood
Secretary of State

August 18, 2003

BLUMBERG/EXCELSIOR CORPORATE SERVICE

SUBJECT: THE CMI NETWORK, INC.
REF: W03000023475

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

The entity's date of incorporation/organization must be listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

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Division of Corporations - P.O. BOX 6827 Tallahassee, Florida 32314

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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. THE CMI NETWORK, 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. NEW YORK

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

3. 82-057628

(FEI number, if applicable)

4. 11/27/02

(Date of incorporation)

5. PERPETUAL

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

6. UPON FILING

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. 201 ALT 19 SOUTH PALM HARBOR, FL 34683

(Principal office address)

100 EAST OLD COUNTRY ROAD, SUITE 11 MINEOLA, NY 11501

(Current mailing address)

8. CORPORATE MEETINGS & INCENTIVES

(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: PETER WRIGHT

Office Address: 201 ALT 19 SOUTH

PALM HARBOR

(City)

Florida

34683

(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.

X Peter Wright

(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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62 White Street, New York, NY 10013
212-431-5000

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: FRANCIS X. MURPHY

Address: 201 ALT 19 SOUTH

PALM HARBOR, FL 34683

Director: _____

Address: _____

B. OFFICERS

President: PETER J. WRIGHT

Address: 201 ALT 19 SOUTH

PALM HARBOR, FL 34683

Vice President: FRANCIS X. MURPHY

Address: 201 ALT 19 SOUTH

PALM HARBOR, FL 34683

Secretary: NICK RUSSO

Address: 201 ALT 19 SOUTH, PALM HARBOR, FL 34683

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. PETER J. WRIGHT / PRESIDENT

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

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**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of THE CMI NETWORK, INC. was filed on 11/27/2002, under the name of CROWN MARKETING TRAVEL & INCENTIVES OF NY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A certificate changing name to CROWN MEETINGS AND INCENTIVES, INC. was filed on 05/14/2003.

A certificate changing name to THE CMI NETWORK, INC. was filed on 08/12/2003.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of August
two thousand and three.*

Secretary of State

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BlumbergExcelsior Corporate Services, Inc.
52 White Street, New York, NY 10013
212-431-5000

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