

FO 3 000000 4634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

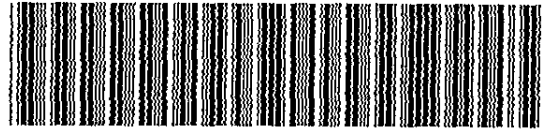
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

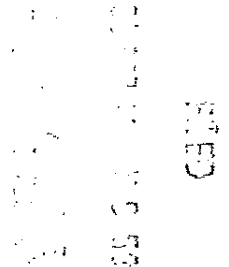
Special Instructions to Filing Officer:

Office Use Only



700022875907

09/12/03--01062--006 **87.50



FOB-4634
a

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northeast Negative Matchers, 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:

R. Michael Girard

(Name of Person)

Northeast Negative Matchers, Inc.

(Firm/Company)

3220 Romaine Court

(Address)

Orlando, Florida 32825

(City/State and Zip code)

For further information concerning this matter, please call:

R. Michael Girard

(Name of Person)

at (407) 382.6951

(Area Code & Daytime Telephone Number)

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 type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
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. Northeast Negative Matchers, 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. Massachusetts

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

3. 04-2998275

(FEI number, if applicable)

4. January 1, 1987

(Date of incorporation)

5. perpetual

(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. 3220 Romaine Court

(Principal office address)

3220 Romaine Court

(Current mailing address)

8. editing/negative cutting of motion picture film

(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: R. Michael Girard

Office Address: 3220 Romaine Court

Orlando

(City)

, Florida 32825

(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.

R. Michael Girard

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: R. Michael Girard

Address: 3220 Romaine Court

Orlando, Florida 32825

Vice President: _____

Address: _____

Secretary: Iris N. Girard

Address: 3220 Romaine Court, Orlando, Florida 32825

Treasurer: _____

Address: _____

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

13. R. Michael Girard

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. MICHAEL GIRARD, PRESIDENT

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

August 26, 2003

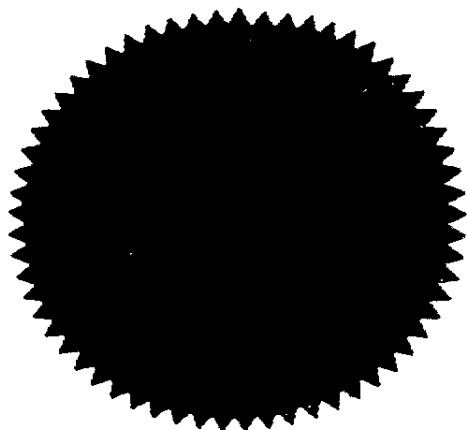
TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office, **NORTHEAST NEGATIVE MATCHERS, INC.** was incorporated under the General Laws of this Commonwealth on **January 1, 1987.**

I further certify that so far as appears of record here, said corporation still has legal existence.

I further certify that in an Annual Report filed here for the fiscal year **2002**, the Officers and Directors of said corporation are listed as follows:

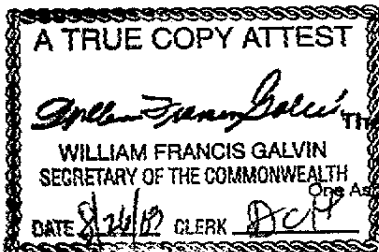
SEE ATTACHED



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9840

FEE: \$ 125.00

MASSACHUSETTS CORPORATION ANNUAL REPORT

030071329

Federal Identification No. 04-2998275

1. The exact name of the corporation is: NORTHEAST NEGATIVE MATCHERS, INC.

2. Location of its principal office in Massachusetts: 25 RIVERVIEW TERRACE

SPRINGFIELD MA 01108
(city or town) (state) (zip)

NOTE: If corporation is organized wholly to do business outside Massachusetts, state location of that office also:

3. Name and address of the Resident Agent, if any: _____
(number & street) (city or town) (state) (zip)
(name)

4. Date of the end of the last fiscal year was: December 31 2002
(month) (day) (year)

5. Check here if the corporation stock is publicly traded: ☐

6. The capital stock of each class as of the end of its last fiscal year was:

CLASS OF STOCK	PAR VALUE PER SHARE STATE IF NO PAR	TOTAL AUTHORIZED BY ARTICLES OF ORGANIZATION OR AMENDMENTS		TOTAL ISSUED AND OUTSTANDING
		Number of Shares	Total Par Value	Number of Shares
COMMON:	NPV	15,000		100
PREFERRED:				

7. State the names and addresses of the officers specified below and of all the directors of the corporation, and the date on which the term of office of each expires:

OFFICERS	NAME	ADDRESS Number, Street, City or Town, State, Zip Code	EXPIRATION OF TERM
PRESIDENT	R. MICHAEL GIRARD	25 RIVERVIEW TERRACE, SPRINGFIELD	*
TREASURER	R. MICHAEL GIRARD	25 RIVERVIEW TERRACE, SPRINGFIELD	*
CLERK	IRIS GIRARD	25 RIVERVIEW TERRACE, SPRINGFIELD	*
DIRECTORS	R. MICHAEL GIRARD	25 RIVERVIEW TERRACE, SPRINGFIELD	*
	IRIS GIRARD	25 RIVERVIEW TERRACE, SPRINGFIELD	*

* UNTIL SUCCESSOR IS ELECTED AND DULY QUALIFIED

I, the undersigned R. MICHAEL GIRARD, being the PRESIDENT

of the above-named corporation, in compliance with the General Laws, Chapter 156B, hereby certify that the above information is true and correct as of the dates shown. IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this

Signature: R. Michael Girard day of February, 20 02
Title: PRESIDENT

Contact Person: R. MICHAEL GIRARD

Contact Person Telephone #: 413-736-2177