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ACCOUNT NO. : 072100000032

REFERENCE: 618649 7380987

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE: May 5, 2004

ORDER TIME : 11:10 AM

ORDER NO. : 618649-005

CUSTOMER NO: 7380987

CUSTOMER: Doug Bates

Source Interlink Companies, Suite 400 27500 Riverview

Center Boulevard

Bonita Springs, FL 34134

FOREIGN FILINGS

NAME: PRIMARY SOURCE, INC.

XXXX_ QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TUTES, THE FOLLOWING IS SUE	
	imary Source, Inc.	U TRANSACT BUS	SINESS IN THE STATE OF FLORI	DA. WARREN
(Enter name of "Inc.," "Co.,"	of corporation; must include "INO "Corp," "Inc," "Co," or "Corp.")	1	COMPANY," "CORPORATION,"	FLORIDA FLORIDA
PRIMAR (If name unav	Y NEWS INC. allable in Florida, enter alternate	corporate name ado	pted for the purpose of transacting bu	siness in Florida)
2 Del	aware	3	20-1072114	
(State or count	aware try under the law of which it is in	icorporated)	(FEI number, if applicab	e)
44/2	1/04 vate of incorporation)	5	Perpetual	
(D	ate of incorporation)	(I	Duration: Year corp. will cease to exis	t or "perpetual")
6. Gau	n Qualification_			
(Date first tran	sacted business in Florida. If co		nsacted business in Florida, insert "up 17.1502 and 817.155, F.S.)	on qualification.")
7271	11 Centerville Road, St	uite 400, Wilm	ington DE	
	(Pri	ncipal office address	FL FL	
27	500 Riverview Center B	lvd., Suite 40	00, Bonita Springs 34134	
		rrent mailing address		
			•	
			which corporations may be ry to be carried out in state of Florida	
9. Name and s	treet address of Florida reg	istered agent: (P.	O. Box or Mail Drop Box <u>NOT</u> ac	ceptable)
Name:	Corporation Service	Company	_	
Office Address	: 1201 Hays Street			
	Tallahassee		_ , Florida 32301	
	(City)		(Zip code)	
Having been n designated in t further agree to	his application, I hereby acce	ept the appointmen of all statutes relac ations of my positi	of process for the above stated con t as registered agent and agree to tive to the proper and complete pe on as registered agent.	act in this capacity. I
	(Registered a	igent's signature)	XIN S	
11. Attached is	a certificate of existence duly	y authenticated, no	t more than 90 days prior to delive	ry 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: See attached officers/directors rider Address: ____ Vice Chairman: Address: Director: __ Address: ___ Director: Address: __ **B. OFFICERS** President: See attached officers/directors rider Address: _____ Vice President: Address: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) BATES, ASST. SECRETARY DOUGLAS J.

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

•

OFFICER/DIRECTORS RIDER

Director:

S. Leslie Flegel 27500 Riverview Center Blvd., Ste. 400 Bonita Springs FL 34134

Officers:

President Jason S. Flegel 27500 Riverview Center Blvd., Ste. 400 Bonita Springs FL 34134

Secretary Marc Fierman 27500 Riverview Center Blvd., Ste. 400 Bonita Springs FL 34134

Assistant Secretary Douglas J. Bates 27500 Riverview Center Blvd., Ste. 400 Bonita Springs FL 34134

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMARY SOURCE, 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 FIFTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY SOURCE, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

Warriet Smith Windson Secretary of State

AUTHENTICATION: 3093083

DATE: 05-05-04

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