# F04000006862

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<b>≠</b> }
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 10, 2004

HEATHER EISENSTADT 1601 ORLANDO AVENUE LONGWOOD, FL 32750

SUBJECT: TOPCAT ENTERTAINMENT, INC.

Ref. Number: W04000041306

We have received your document for TOPCAT ENTERTAINMENT, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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

If you have any questions concerning the filing of your document, please oall? (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00064362

#### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: TOMATenterto (Name of corporation)	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to re to transact business in Florida.	•
Please return all correspondence concerning this matter Headlier EISENSTAD	t
10 Pat entertain recet	me.
1601 ORLANDO AUM	npany)
Longwood Fl. 3275	
(City/State a	nd Zip code)
For further information concerning this matter, please c	all:
Now Year Erseus Had Fat (407 (Name of Person) (Area C	2 7 86 - 7 7 63 FEC BE 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:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy Certified Copy

### PLICATION 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," 1. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") TORAT ANIMALINES INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability) ANDO Ave. Loycoon, Florida, (Current mailing address) Lactorathis heeled capachais my he required will motor lacos Delaure, molende e-commence (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 NOT acceptable) Name: oxeando Me Office Address: 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.

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.

(Registered agent's signature)

A. DIRECTORS	iess addresses of office	ers and/or direc	iors: 🔔 🤲 🤝					
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Chairman:				· · · ·				
Address:				<u> </u>				
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Vice Chairman:	·							
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Director:		<u></u>						_
Address:						<del></del>		
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Vice President:	Haller	- FISH	3 May F			THE CONTRACT	÷	<del>_</del>
Address:	60) or	Lande	o me.				<u></u>	
	Loyund	光 3 5	5)70			— <u>20</u> —		$\overline{-}$
Secretary: He	atten El G	us tad	#				ယ္က	
Address: 160	or orla	70 100 K	no- Ca	quel 1	4			
Treasurer:								
Address:			<del> </del>	<u> </u>			-	
NOTE: If necessary	, you may attach an ad			7-2.		r director	s.	 -
	(Signature of Directo	1 1 O		2 of the applica	ation)			
14. Heathe	(Typed or printed r		ity of person si	gning application	on)	<u></u>		—

## Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOPCAT ENTERTAINMENT 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2004.



Darriet Smith Windson Secretary of State

AUTHENTICATION: 3432365

DATE: 10-25-04

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