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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)
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TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Acadia Prononne of co	ctures, Inc.
(Name of co	rporation - must include suffix)
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida", tted to register the above referenced foreign corporation to
Please return all correspondence concerning this H. James Gil	s matter to the following:
Please return all correspondence concerning this H. James Gil A cadia Pictur PO Box 1860 St. Augustine (City	Name of Person)
PO Box 1860	Firm/Company)
St. Augustine,	FL 32085
(Cit	y/State and Zip code)
For further information concerning this matter,	
(Name of Person)	(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:	
□ \$70.00 Filing Fee Certificate of State	& 🗆 \$78.75 Filing Fee & 🗇 \$87.50 Filing Fee, us Certified Copy Certificate of Status & Certified Copy

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

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
Acadia Pictures, Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	•
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
5. perpendat	-
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") IDON 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.)	
9 Lower Dunbar Rd, Seal Harbor, ME 04 (Principal office address)	675
PO Box 378, Scal Harbor, ME 0467-S/POBOX 1860, F. (Current mailing address)	· Aug. I-
Multimedia Production Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ده:
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: H. James Gilmore	1
ffice Address: 5 Quail Ct.	
St. Augustine, Florida 32080 (City) (Zin code)	** • ******************************
O. Registered agent's acceptance:	
laving been named as registered agent and to accept service of process for the above stated corporation at the pesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa wither agree to comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent.	city. I
H. Juns The	
(Registered agent's signature)	
1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicate Department of State, by the Secretary of State or other official having custody of corporate records in the jurisc	

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: H. James Gilmore Address: P.O. Box 1860	
Address: P.O. Box 1860	
5t. Augustine, FL 32085	
Vice President:	
Address:	
Secretary:	
Address:	<u> </u>
Treasurer: Shery C. Gilmore	; ro E
Address: PO Box 1860, St. Augustine, FL	<u> 32085</u>
1	or 1, 1, .
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)	
14. H. Janes Gilmore, Preside (Typed or printed name and capacity of person signing application)	ent
(Typed or printed name and capacity of person signing applicati	on)

State of Maine

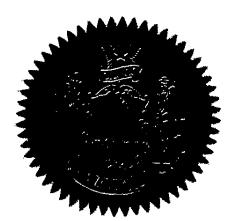


Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that ACADIA PICTURES, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is October 10, 1995.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this seventh day of November 2005.

MATTHEW DUNLAP
Secretary of State