

F07000004492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

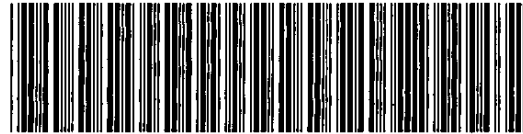
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600109170076

09/07/07--01040--002 **87.50

APPROVED
AND
FILED

07 SEP -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight SEP 10 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Activision TV, 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:

Denice Hetkowski

(Name of Person)

Activision TV, Inc.

(Firm/Company)

PO Box 98314

(Address)

Las Vegas, NV 89193

(City/State and Zip code)

For further information concerning this matter, please call:

Denice Hetkowski

(Name of Person)

at (702) 895-8861

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 &
Certified Copy

☒ \$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. **Activision TV, 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)

2. **Delaware**

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

3. _____

(FEI number, if applicable)

4. **10-6-06**

(Date of incorporation)

5. **perpetual**

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

6. **September 1, 2007**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **5400 Yahl St, Suite D Naples, FL 34109**

(Principal office address)

PO Box 98314 Las Vegas, NV 89193

(Current mailing address)

8. _____
(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:

Norma Henning

Office Address:

5633 Strand Boulevard, Suite 304

Naples

(City)

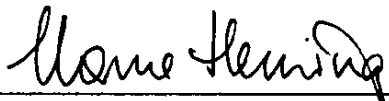
, Florida

34110

(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.



(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP - 7 PM 12:00

APPROVED
AND
FILED

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

A. DIRECTORS

Chairman: David Gothard

Address: PMB 220 PO Box 413005

Naples, FL 34101-3005

Vice Chairman: _____

Address: _____

Director: David Gothard

Address: PMB 220 PO Box 413005

Naples, FL 34101-3005

Director: _____

Address: _____

B. OFFICERS

President: David Gothard

Address: PMB 220 PO Box 413005

Naples, FL 34101-3005

Vice President: David Gothard

Address: PMB 220 PO Box 413005

Naples, FL 34101-3005

Secretary: Denice Hetkowski

Address: PO Box 98314 Las Vegas, NV 89193

Treasurer: _____

Address: _____

APPROVED
AND
FILED
07 SEP - 7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Denice Hetkowski Secretary

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

Delaware

PAGE 1

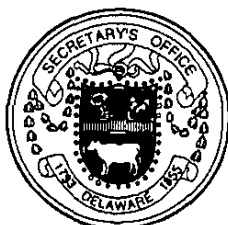
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTIVISION TV, 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-FOURTH DAY OF JULY, A.D. 2007.

APPROVED
AND
FILED

07 SEP -7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4232452 8300

070845599

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5867711

DATE: 07-24-07