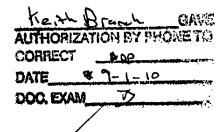
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(Red	questor's Name)
(Add	ress)
(Ada	lress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

Office Use Only





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FILED

AFORD FACE OF STATE
AFORD FACE OF STATE

W.6. 38770

T. Burch SEP 1 2010

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Blindside Entertainment INC.	
	poration - must include suffix
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the t business in Florida.
Please return all correspondence concerning this	s matter to the following:
Keith L Branch	
N	ame of Person
Blindside Entertainment	
Fi	m/Company
300 Wilshire blvd.	
	Address
Casselberry Fl. 32707	
	/State and Zip code
klb@blindside1.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Keith L. Branch at (7	70) 330-2996
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of State	



August 17, 2010

KEITH BRANCH 300 WILSHIRE BLVD CASSELBERRY, FL 32707

SUBJECT: BLINDSIDE ENTERTAINMENT INC

Ref. Number: W10000038770

We have received your document for BLINDSIDE ENTERTAINMENT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 910A00019762

www.sunbiz.org

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ىب

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.

Blindside Ente	ertainment INC.			
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "СОМРА	NY," "CORPORATION,"
Blindside Mus	ic Group Inc.			
(If name unavai	able in Florida, enter alternate corporate na	me	adopted for	the purpose of transacting business in Florida)
Georgia		3.		
(State or country	under the law of which it is incorporated)	•	· · · · · · · · · · · · · · · · · · ·	(FEI number, if applicable)
5/25/2007		5.	perpetual	
	of incorporation)			Year corp. will cease to exist or "perpetual")
5. 3/1/2010				
, 300 wilshire blv	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 d. Casselberry, Fl. 32707			
	(Principal office	add	ress)	
300 Wilshire bi	vd. Casselberry, Fl. 32707			
	(Current mailing	add	ress)	
Music producti	on and promotion			
(Purpose(untry to be o	
• • • •	s) of corporation authorized in home state of	r co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arried out in state of Florida)
	s) of corporation authorized in home state of et address of Florida registered agent: (•	,
	•		•	,
Name and street	et address of Florida registered agent: (•	,
9. Name and street	et address of Florida registered agent: (Keith Branch). Box <u>NO</u>	,

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.

DIRECTORS		Sa	
airman:			
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dress:			
dress: 2675 Riverhaven ct		· · · · · · · · · · · · · · · · · · ·	
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Lawrenceville, Ga. 30045			····
e President:			
dress:			
retary:			
dress:			
asurer:			
lress:			
dress:			
TE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or dire	ectors.	
1/ 6			
(Signature of Director or Officer listed in number 12 of the application			

Control No. 07044375

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

BLINDSIDE ENTERTAINMENT, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/25/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of August, 2010

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 6082873-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp