

F1200002005

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

000174.166270

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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**FOREIGN PROFIT/NONPROFIT CORPORATION
MID-AMERICA CINE SUPPORT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MID-AMERICA CINE SUPPORT, 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," or "Certificate of Good Standing" 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:

CHERYL LARNER

MID-AMERICA CINE SUPPORT, INC.
Name of Person

1750 AUSTIN
Rm/Company

TROY, MICHIGAN 48083
Address

cheryl@macsl.com
City/State and Zip codes and homepage

cheryl@macsl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Q. Lewis, III, Esq. at **(941) 364-2764**
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
CINEMA Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6927
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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

1. MID-AMERICA CINE SUPPORT, 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. MICHIGAN
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 9-28-1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida; if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1750 AUSTIN, TROY MICHIGAN 48083
(Principal office address)

1077 Innovation Ave. Unit #106 North Port, FL 34289
(Current mailing address)

8. Movie production support and any lawful purpose.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

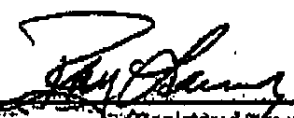
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ray Lamer

Office Address: 1077 Innovation Ave Unit #106
North Port, Florida 34289
(City) (Zip code)

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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 copies of the records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: CHERYL LARNER

Address: 1750 AUSTIN, TROY MICHIGAN 48083

Vice Chairman: RAY LARNER

Address: 1750 AUSTIN, TROY MICHIGAN 48083

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHERYL LARNER

Address: 1750 AUSTIN, TROY MICHIGAN 48083

Vice President: RAY LARNER

Address: 1750 AUSTIN, TROY MICHIGAN 48083

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Cheryl Lerner
Signature of Director or Officer

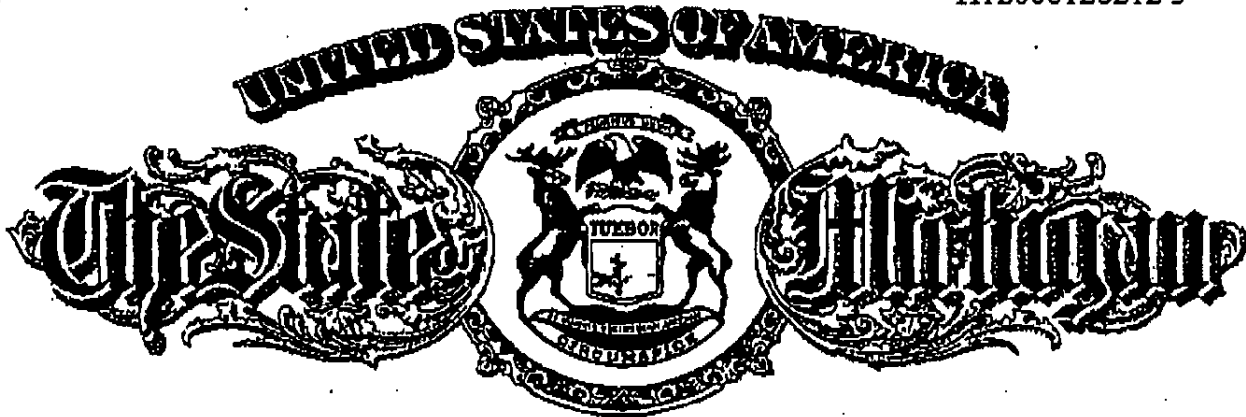
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. _____

Ray Lerner Vice President
(Typed or printed name and capacity of person signing application)

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Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

MID-AMERICA ONE SUPPORT, INC.

was validly incorporated on September 28, 1989, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1074829

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of May, 2012.

[Signature] Director

Bureau of Commercial Services

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