Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

MAY -8 AM 9: 43

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Canam Productions, Inc.

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

RECEIVED HAY-8 PM 2:0

https://efile.sunbiz.org/scripts/efilcovr.exe



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#### **COVER LETTER**

MO- 11 WH 0 4			
TO: New Filing Section Division of Corporations			
SUBJECT: Canam Productions	. Inc.		
		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence," or "Certification of the Existence of Existence	icate of Good St	anding" and check are sub-	ct Business in Florida," mitted to register the
Please return all correspondence con	cerning this mat	ter to the following:	
	Diana	Collins	
	Name o	of Person	
	InCorp Ser	vices, Inc.	
	Firm/Co	ompany	
23	80 Corporate C	Circle · Sulte 400	
	Add	iress	
	Henderson, N	/ 8 <del>9</del> 074-7739	
	City/State	and Zip code	
		nce@incorp.com	
E-Maii 200	neza: (10 pë tiset	for future annual report n	ourcation)
For further information concerning the	ils matter, please	cali:	
ana Coilina on behalf of Incorp Services			
Name of Person	<u> </u>	) 866-2500 Code & Daytime Telepho	ne Number
		•	
STREET/COURIER ADDI New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ation rporations
Enclosed is a check for the following	amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 F Certific	filing Fee & Interest of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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#### 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.

i. Canam Prod	uctions, inc.					
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	-		
(If name unavail	able in Piorida, enter alternate corporate na	ine	adopted for the purpose of transacting business in Florida)	-		
2. California		3.				
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	-		
4. 06/21/2010		5.	Perpetual -	_		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-		
6. Upon Regist	ration			_		
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
- 0044 W Dies 5						
7, 9811 VV.PICO I	Blvd., Suite 250, Los Angeles, CA ( Principal office)			<del>.</del> .		
9911 W Plco	Blvd., Suite 250, Los Angeles, CA		•			
3311 1031	(Current mailing			•		
	, ,			SE	7	
8. Television Pr	oduction Company		r-	770	<u> </u>	
(Purpose(s	s) of corporation authorized in home state o	r ço	untry to be carried out in state of Florida)	1	~	5.4 5.4 5.4
9. Name and street	at address of Florida registered agent: (	<b>(P.C</b>	). Box NOT acceptable)	7 2 7 7 7 7	ထ်	\$
Name:	InCorp Services, Inc.			`⊊;	A	1
Office Address:	17888 67th Court North		<u></u>	S A E	ф 5: Ц	المراجعة
	Loxahatchee		, Florida 33470	ודו	ဖေ	
	(City)		(Zip code)			
	gent's acceptance:		ing of process for the shows regard corresponding at the			•

d 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.

> Diana Collins on behalf of Incorp Services, Inc. (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.

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## (((H14000110577 3)))

A. DIRI	es and business addresses of officers and/or directors:		
Chairman;		·	<del></del>
Address:			
Vice Chai	mun:		
Address:			
Director:	Arthur Smith		
Address: ,	9911 W.Pico Blvd., Suite 250	·	
	Los Angeles, CA 90036		
Director:			
Address:			<del></del>
B. OFF	ICERS		<del></del>
President:	Arthur Smith		
Address:	9911 W.Pico Bivd., Suite 250	= = =	<del>-</del> 44
,	Los Angeles, CA 90036	FE	7 7
Vice Presi	ident:	J.M.	<del>.</del>
Address:		SSE	8
		בו זב בנייל	<u> </u>
Secretary:	Kent Weed	25.	်ုဝ
Address:	9911 W.Pico Blvd., Suite 250, Los Angeles, CA 90036	ĬE.	څ
Treasurer:			
•	If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	<del></del> ,
The offic are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Signer felony as provided for in s.817.155, F.S.		
14. Ken	t Weed/Secretary		

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

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### State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

CANAM PRODUCTIONS, INC.

FILE NUMBER:

C3297921

FORMATION DATE:

06/21/2010

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the Stategof California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 05, 2014.

DEBRA BOWEN
Secretary of State

RKS