

REGISTRATION  
SERVICES, INC.  
201 FLA  
TALLAHASSEE, FL 32310  
800-342-5700

**CSO networks**

MAIL TO  
P.O. Box 5820  
Tallahassee, FL 32314

ACCOUNT NO. : 072100000037

REFERENCE : 546872 121349A

AUTHORIZATION :

COST LIMIT : 9 122.50

*Patricia Pugh*

ORDER DATE : February 22, 1995

ORDER TIME : 10:10 AM

600001412606

ORDER NO. : 546872

CUSTOMER NO: 121349A

CUSTOMER: Louis W. Cheffy, Esq  
Cheffy Paradiso & Steinbeck,  
821 5th Avenue South  
Naples, FL 33940

FOREIGN FILINGS

NAME: LIBERTY PRODUCTIONS, INC.

XX PROFIT  
NON-PROFIT

XX CORPORATE  
LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPEL  
ARTICLE AND CERTIFICATE

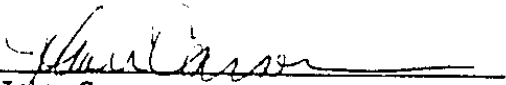
CONTRACT PERSON: (NAME AND ADDRESS)

RECEIVED  
STATE  
REGISTRAR  
FEB 23 1995  
PM 4:43

CERTIFICATION OF SPECIAL MEETING OF DIRECTORS  
OF LIBERTY PRODUCTIONS, INC., AN IDAHO CORPORATION

I hereby certify that the Board of Directors of Liberty Productions, Inc., an Idaho corporation (the "Corporation"), met February 17, 1995, pursuant to the requirements of the Articles of Incorporation and the By-Laws of said Corporation and that the following constitutes a true and correct copy of the Resolution approved at said meeting:

"BE IT RESOLVED that Liberty Productions, Inc., an Idaho corporation, be and it hereby is authorized to transact business in the State of Florida under the name of Liberty Productions of Naples, Inc., and in connection therewith the officers of the Corporation are authorized to execute all instruments required by the State of Florida on behalf of the Corporation to accomplish this purpose."

  
\_\_\_\_\_  
John Carson  
President

STATE OF FLORIDA                    )  
  ) ss:  
COUNTY OF COLLIER                )

The foregoing instrument was acknowledged before me this 21<sup>st</sup> of February, 1995, by John Carson, President of Liberty Productions Inc., an Idaho corporation, on behalf of said corporation, who is personally known to me or has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC

Name: JOHN PASSIDOMO  
(Type or Print)

My Commission Expires:

OFFICIAL NOTARY SEAL JOHN M PASSIDOMO NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO CC215122 MY COMMISSION EXP AUG 19, 1996
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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:

1. Liberty Productions, Inc.  
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Idaho  
(State or country under the law of which it is incorporated)
3. October 12, 1973  
(Date of Incorporation)
4. Perpetual  
(Duration)
5. 82-0308262  
(Federal Employer Identification number, if applicable)
6. February 27, 1995 (Anticipated)  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. P.O. Box 2497, Hailey ID 83333  
(Current mailing address)
8. Own and Lease Industrial Building  
(Corporate purpose and nature of business in which it is engaged in Florida)
9. Names and addresses of officers and or directors:
  - A. Directors:
    - Chairman: John Carson
    - Address: P.O. Box 573 - Cheffy, Passidomo & Steinbeck  
Hailey, ID 83333 - 821 5th Ave., S., Naples FL 33940
    - Vice Chairman: N/A
    - Address: \_\_\_\_\_
    - Director: Karon Bye
    - Address: P.O. Box 1272 - Same as above  
Hailey, ID 83333
    - Director: N/A
    - Address: \_\_\_\_\_

**B. Officers:**President: John CarsonAddress: P.O. Box 573  
Hailey, ID 83333Vice President: N/AAddress: \_\_\_\_\_  
\_\_\_\_\_Secretary: Karon ByeAddress: P.O. Box 1222  
Hailey, ID 83333Treasurer: N/AAddress: \_\_\_\_\_  
\_\_\_\_\_

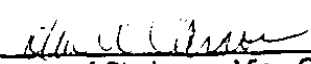
(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**Name: John M. PassidomoOffice Address: 821 Fifth Avenue South, Suite 201  
Naples, Florida 33940  
Zip Code**11. 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: 

12. 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.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)14. President, Director and Sole Shareholder  
(Name and capacity of person signing application)

# State of Idaho

## Department of State

### CERTIFICATE OF CORPORATE STATUS

OF

LIBERTY PRODUCTIONS INC

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above named corporation was incorporated under the laws of Idaho and was issued a certificate of incorporation in Idaho on October 12, 1973 under the file number C 48306.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: January 10, 1995



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By *[Signature]*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

96 OCT 30 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000891

1. Corporation Name  
LIBERTY PRODUCTIONS OF NAPLES, INC.

Principal Place of Business  
P.O. BOX 2497  
HAILEY ID 83333

Mailing Address  
P.O. BOX 2497  
HAILEY ID 83333



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. P.O. Box 573 City & State Hailey, ID Zip 83333		Suite, Apt. #, etc. P.O. Box 573 City & State Hailey, ID Zip 83333	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 02/22/1995	
5. FEI Number 82-0308262	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Instructions for required fee and certificate of status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PDC	CARSON, JOHN	821 5TH AVE., S.	NAPLES FL 33940-34102
SD	BYE, KARON	821 5TH AVE., S.	NAPLES FL 33940 34102
			500001995505--B -11/05/96--01018--001 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

PASSIDOMO, JOHN M  
821 5TH AVE. S., #201  
NAPLES FL 33940-

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
821 Fifth Avenue South  
Suite, Apt. #, Etc.  
#201  
City  
Naples  
State  
FL  
Zip Code  
34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date 10/25/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all loans owed by the corporation have been paid; and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 10/25/96 (941) 649-8158  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #