

F95000001460

Sumstate Research Assoc.
(Requestor's Name)

PO Box 11271
(Address)

Tallahassee FL 32302
(City, State, Zip) (Phone #)

9000001440489
-03/27/95--01047--036
*****70.00 *****70.00

OFFICE USE ONLY

9000001440489
-03/27/95--01047--037
*****52.50 *****52.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MA Holdings Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 PM 12:37
95 MAR 27 PM 12:12
DIVISION OF CORPORATION

W 3/27

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: M. H. Holdings Corp

2. The name and address of the registered agent and office is:

CorpAmerica, Inc.
(NAME)

1525 S. Andrews Avenue, Suite 216
(P.O. BOX NOT ACCEPTABLE)

Fort Lauderdale, FL 33316
(CITY/STATE/ZIP)

SIGNATURE _____
(corporate officer)

TITLE _____

DATE _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

CorpAmerica, Inc.
Carolyn E. McKown
CorpAmerica, Inc. by Carolyn E. McKown,
President

DATE _____

REGISTERED AGENT FILING FEE: \$35.00

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DIVISION OF CORPORATIONS
MAR 27 PM 12:37

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

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

1. M.A. Holdings Corp.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Delaware
(State or country under the law of which it is incorporated)
3. Pending
(FEI number, if applicable)
4. September 19, 1994
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.165, F.S.))
7. elo ICS Communications, Inc. 10100 Santa Monica Blvd #1500
Los Angeles, CA 90067
(Current mailing address)

8. To engage in any lawful activity or act for which corporations may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
under the General Corporation Law of Delaware

9. Name and street address of Florida registered agent:

Name: Corp America, Inc.

Office Address: 1525 S Andrews Avenue #216

Fort Lauderdale Florida, 33316
(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.

55 MAR 27 PM 12:37

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

A. DIRECTORS

Co-Chairman: Andrew Adelson
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Co-Vice Chairman: Gary Adelson
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Director: Andrew Adelson
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Director: Gary Adelson
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

B. OFFICERS

President: Anthony E. Papa
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Vice President: J. Anthony Young (Executive VP)
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Secretary: Paul J. Nadel
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

Treasurer: William A. Shepell
Address: c/o ICS, 10100 Santa Monica Blvd. #1500
Los Angeles, CA 90067

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

13. M. Adelson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul J. Nadel, Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M.A. HOLDINGS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY MARCH, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M.A. HOLDINGS CORP." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 1994.



Edward J. Freel

Edward J. Freel, Secretary of State

2436174 8300

950064123

AUTHENTICATION:

7448340

DATE:

03-23-95

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 PM 12:37

CONTACT:

F95 00000 1460

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

500001696265

-01/24/96--01017--010

*****35.00 *****35.00

OFFICE USE ONLY

FILED
96 JAN 18 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M.A. Holdings One
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ ARTICLES ONLY

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

☐ ALL CHARTER DOCS

☐ CERTIFICATE OF GOOD STANDINGS

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Merger

☐ Certificate of FICTITIOUS NAME
☐ FICTITIOUS NAME SEARCH
☐ CORPORATION SEARCH

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96 JAN 18 PM 4:47
DIVISION OF CORPORATIONS

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
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<input type="checkbox"/>	Other

**HOLD FOR
PICKUP BY
UCC SERVICES**

N. HENDRICKS JAN 17 1996

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: M.A. HOLDINGS CORP.

1b. The mailing address of the corporation is : _____

1c. Date of incorporation: 3/27/95 Document number: F95000001460

2. The name and address of the current registered agent and office:

CorpAmerica, Inc.

1525 S. Andrews Avenue, Suite 216

Fort Lauderdale, FL 33316

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Nationscorp Registered Agents, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Lynn Darrow Carson
(Signature of an officer, chairman or
vice chairman of the board)

12-29-95

(Date)

LYNN DARROW CARSON

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Ed Hand

(Signature of Registered Agent) President

1/18/96
(Date)

If signing on behalf of an entity:

Ed Hand

(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
JAN 18 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F95000001460

Sumdate Research

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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(Corporation Name) (Document #)
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3. _____
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03/14/97 01:14:15
DIVISION OF CORPORATION

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97 MAR 14 AM 11:15
DIVISION OF CORPORATION

N. HENDRICKS MAR 17 1997

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

M.A. Holdings Corp.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

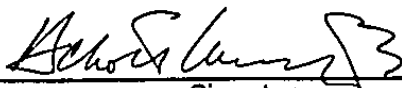
c/o Interactive Cable Systems, Inc., 1901 Glenville, Suite 800

(Mailing Address)

Richardson, TX 75081

(City - State - Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

February 21, 1997

Date

KEVIN L. SCHOTTLAENDER

Typed or printed name

PRESIDENT

Title

F95000001460
STATE OF FLORIDA
COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Interactive Cable Systems, Inc. EIN or SS#: 95-4420240

Address: 1901 Glenville Drive, Suite 800
Richardson, Texas 75081

Amount: \$165.00 Date Paid 4/24/97

Reason for claim: Corp. withdrawn, no AR required - F95000001460
4/27 6/2/97

Certified true and correct this 6th day of June, 19 97.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$	<u>165.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>97539/015</u> dated <u>05-19-97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
(Authorized Signature and Title)	