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NAME:	FOSTER'S HOLLY	YWOOD SYSTEMS,	ED COT STATE
XX PROFIT NON-PROFIT		XX CORPORATE LIMITED PAR	RTNERSHIP
XX QUALIFICATION	ON		
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILING:	
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CONTACT PERSON: Andrea Hamilton

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BURNIESS 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:

bbreviations of like import in language, as will clearly a natural person or partnership if not so contained in a natural person or partnership if not so contained in a natural person or partnership if not so contained in a natural person or partnership if not so contained in a natural person contained in a natural person of law and person person in a natural person of the nature of the business in which it is engagination of the nature of the business in which it is engagination of the nature of the business in which it is engagination.	orated) Perpetual (Duration) applicable) 1, 607.1502, ardite 230, Tam	95 APR 24 A I II: 57
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Office A	Address: _	14499	North	Dale	Mabry	Highwa	ay,	Suite	<u> 230</u>	
Office A	Address: _ 	14499 Tampa	North	Dale	Mabry	Highwa Flo	nida	Suite 330	230 518	
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State of Delaware

Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARD, DO HEREBY CERTIFY 'FOSTER'S HOLLYWOOD SYSTEMS, INC.'

13 DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
15 IN GOOD STANDING AND HAS A-TEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY DIVERS
OF APRIL, A.D. 1995.



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Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

04-21-95

tale/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ☐ Walk in Certified Copy **□** Will wait Photocopy Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment 800002241418--1 -07/18/97--01074--018 ****105.00 *****35.00 **NonProfit** Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger JUL 2 3 1997 OTHER FILINGS *REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership RA Chg. Name Reservation Reinstatement Trademark Other

Examiner's Initials

. Florida Department of State, Sandra B. Mortham, Secretary of State

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

submits the follo	wing statement in order to change its registered office or registered	agent, or both, in th
State of Florida. 1. The name of the state	re corporation is: FOSTER'S HOLLYWOOD SYSTEMS, INC.	, 19
		TIER 1
2. The mailing ad	dress of the corporation is: 14499 NORTH DALE MABRE HWY. #159	THE STATE OF THE S
	oration/qualification: APRIL 21, 1995 Document number: address of the current registered agent and office:	F95000001976
_	GTEVEN K. WINEGAR	
_	14499 NORTH DALE MABRY #230	
	TAMPA, FL 33618	_
5. The name and	address of the new registered agent and office: (P.O. Box Net Acces	– etable)
_	RICHARD A. JACOBSON	_
_	501 EAST KENNEDY BOULEVARD SUITE 1700	
	TAMPA,FL 33602	
The street addres	s of its registered office and the street address of the business office of will be identical.	of its registered
	authorized by resolution duly adopted by its board of directors or by board.	
SL	2/14/2	, : •
Signature of an office	er, chairman or vice chairman of the board) (Detc)	
STEV	EN K. WINEGAR, DIRECTOR	
Having been nam hereby accept the comply with the p and I am familiar	(Printed or typed name and title) ed as registered agent and to accept service of process for the above appointment as registered agent and agree to act in this capacity, rovisions of all statutes relative to the proper and complete perform with and accept the obligation of my position as registered agent.	e stated corporation I further agree to ance of my duties,
00	(Registered Agent)	
(Signature of		
(Typed or P	rinted Name) (Capacity)	
CR2E045(1/95)	ETT	ING TEP. 535 66

FILING FEE: \$35.00