

Document Number Only

F95000003931

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000001560549

08/15/95--01071--015

210.00 *70.00

The Romance Network, Inc.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

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8-15

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CR2E031 (1-89)

8/8/95

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. THE ROMANCE NETWORK, INC.

(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. 65-0430387

(FBI number, if applicable)

4. January 6, 1993

(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 617.156, F.S.))

7. 444 Brickell Av., Suite 900, Miami, Florida 33131

(Current mailing address)

8. Telecommunications

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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.

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

A. DIRECTORS

Chairman: David Greenberg

Address: 444 Brickell Av., Suite 900

Miami, Florida 33131

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Greenberg

Address: 444 Brickell Av., Suite 900

Miami, Florida 33131

Vice President: _____

Address: _____

Secretary: David Greenberg

Address: 444 Brickell Av., Suite 900

Miami, Florida 33131

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Treasurer: David Greenberg

Address: 444 Brickell Av., Suite 900

Miami, Florida 33131

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

13.

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

14. David Greenberg, President

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

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DIVISION OF CORPORATIONS
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ROMANCE NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

2321486 8300

950179994

AUTHENTICATION:

7602381

DATE:

08-09-95

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 22 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F95000003931 (1)

1. Corporation Name

THE ROMANCE NETWORK, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVE., STE. 900
MIAMI FL 33131

444 BRICKELL AVE., STE. 900
MIAMI FL 33131

| | |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified 08/15/1995 | 3a. Date of Last Report |
| 4. FCI Number 65-0430387 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State, Apt. #, etc. | 2b. State, Apt. #, etc. |
| 22. City & State | 23. City & State |
| 24. Zip | 25. Country |
| 26. Zip | 27. Country |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

10-22-96

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|---------------------------------------|--|
| TITLE | CPST | 11. TITLE | |
| NAME | GREENBERG, DAVID | 12. NAME | |
| STREET ADDRESS | 444 BRICKELL AVE., STE. 900 | 13. STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33131 | 14. CITY - ST - ZIP | |
| TITLE | | 21. TITLE | |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY - ST - ZIP | | 24. CITY - ST - ZIP | |
| TITLE | | 31. TITLE | |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | |
| TITLE | | 41. TITLE | |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | | 51. TITLE | |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | | 61. TITLE | |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. CITY - ST - ZIP | |

REINSTATEMENT

10-28-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID GREENBERG 9/17/96 305-530-0200

Date

Daytime Phone