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**TALLAHASSEE, FL 32301 (904) 681-6528**

(City, State, Zip)

(Phone #)

200001653622

-12/05/95--01119--006

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

1. Cable Plus Management Company  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**NEED TODAY**

12/5  
95 DEC - 51 PM 3:46  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

☒ Walk in ☐ Pick up time \_\_\_\_\_

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☐ ARTICLES ONLY

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

☐ ALL CHARTER DOCS

☐ CERTIFICATE OF GOOD STANDING

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

- ☐ Certificate of FICTITIOUS NAME  
☐ FICTITIOUS NAME SEARCH  
☐ CORP SEARCH

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

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Examiner's Initials

## TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** Cable Plus Management Company  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Betsy Murray

(Name of Person)

Foster Pepper & Shefelman

(Firm/Company)

777 108th Ave. N.E., Suite 1500

(Address)

Bellevue, WA 98004

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Betsy Murray

(Name of Person)

at ( 206 ) 451 - 0500

Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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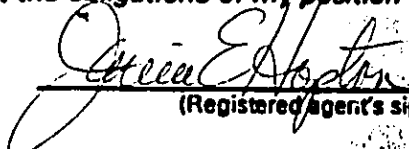
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

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. Cable Plus Management Company  
(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. Washington 3. 91-1503877  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/6/90 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/96  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 11400 S.E. 6th St., Suite 120  
Bellevue, WA 98004  
(Current mailing address)
8. own and operate master antenna television systems and telephone systems  
(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: NRAI Services, Inc.  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida, 32301  
(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.

 -Janice E. Hopton, Vice Pres.  
(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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph M. Liebsack  
Address: 11400 S.E. 6th St., Suite 120  
Bellevue, WA 98004

Vice Chairman: Rufus W. Lumry  
Address: 11400 S.E. 6th St., Suite 120  
Bellevue, WA 98004

Director: Dennis M. Weibling  
Address: 2320 Carillon Point, Fourth Fl.  
Kirkland, WA 98004

Director: Wayne M. Perry  
Address: 14224 - 168th Ave. N.E.  
Woodinville, WA 98072

B. OFFICERS

President: Joseph M. Liebsack  
Address: 11400 S.E. 6th St., Suite 120  
Bellevue, WA 98004

Vice President: Gary B. O'Malley  
Address: 11400 S.E. 6th St., Suite 120  
Bellevue, WA 98004

Secretary: Dennis M. Weibling  
Address: 2320 Carillon Point, Fourth Fl.  
Kirkland, WA 98033

Treasurer: Dennis M. Weibling  
Address: 2320 Carillon Point, Fourth Fl.  
Kirkland, WA 98033

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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. Joseph M. Liebsack, President  
(Typed or printed name and capacity of person signing application)

# STATE of WASHINGTON



## SECRETARY of STATE

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DIVISION OF CORPORATIONS  
SECRETARY OF STATE

*I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,*

**CERTIFICATE OF EXISTENCE/AUTHORIZATION  
OF  
CABLE PLUS MANAGEMENT COMPANY**

**I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify**  
that I am the custodian of the corporation records of this state.

**I FURTHER CERTIFY** that the records on file in this office show that the  
above named profit corporation was formed under the laws of the  
State of Washington and was issued a certificate of incorporation  
in Washington on December 6, 1990.

**I FURTHER CERTIFY** that, as of the date of this certificate, no Articles of Dissolution  
or Certificate of Withdrawal have been filed, that the conditions of the Revised  
Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the  
corporation is duly authorized to transact business in the  
corporate form in the State of Washington.



Date: November 28, 1995  
Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

  
RALPH MUNRO  
Ralph Munro, Secretary of State  
L. Tornow