F96000004214

TO: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: Progressive Sales + Marketing, Inc. (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. 50000131 (205 -08/08/96--01103--015 ********** Please return all correspondence concerning this matter to the following: Marke R Nelson 1993 - 1344 Progressive SAIS+ Marketing, INC 3017 COMA DEL SOI CR (Address) Clestanta FL 3462/
(City/State/Zip) Should you need to call someone concerning this matter, please call: March R Nelson at (708) 799-2174
(Name of Person) (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 Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 9, 1996

MARK R. NELSON % PROGRESSIVE SALES & MARKETING, INC. 3077 CASA DEL SOL CR CLEARWATER, FL 34624

SUBJECT: PROGRESSIVE SALES & MARKETING, INC.

Ref. Number: W96000016684

We have received your document for PROGRESSIVE SALES & MARKETING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 596A00038050

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. Presidessive SAles 1 MARKELIAN, INC.
(Name of corporation: must include the word "INCORPORATION", "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. Illa NOTS (State or country under the law of which it is incorporated) 3. 36-3943.365 (FEI number, if applicable)
4. 3/35/99 5. PERPETUAL (Date of Incorporation) (Duration: Yearcorp, will cease to exist or "perpetual")
پر کی چاپ ("perpetual")
6. (Date trist transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)
6. (Date tirst transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. Progressive SAID+-MAnkefing INC
3077 (AGA DOL SO) Con # 107 (rennward F1 33/167) (Current mailing address)
(Current mailing address)
8. SALES OF CAPIE TELEVISION PROGRAMMY/SATEILITE (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Morida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT
acceptable) Alark Richard Relson
Name:
Office Address: 3077 (ASA Del Sol con #107
Clearunton, Florida, 34/621 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only-P. O. Box NOT acceptable) Address: _____ Vice Chairman: Address: Director: __ Address: ___ Director: Address: ___ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: MARK R Nelson Address: 3077 (ASA Del Sol Cu #107 CHARWARD FL 34621 Vice President: Address: Secretary: _____ Address: ______// Treasurer: _______//_____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Manh R Nelson - Present (Typed or printed name and capacity of person signing application)

File Humber 5772-864-7



I, George H. Ryan. Secretary of State of the State of Illinois,



In Testimony Mherrof, I hereta set			
		affixed the Great Seal of	
the State of Illinois this		26TH	
day of	****	A.D., 19 _ 96	

George H Ryan
SECRETARY OF STATE