BNADDERU 154 TO: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: <u>I. T. S. PRODUCTIONS</u> 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.

Please return all correspondence concerning this matter to the following:

WFE -18248 MR. PHILIP ITTLESON I.T. S. PRODUCTIONS INC., (Firm/Company) 7000000150345257 -08730790--01006--001 ******70.00 ******70.00 P.O. BOX 1014 (Address) all 9/16 NEW YORK - N. Y. - 10018 (City/State/Zip)

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

PHILIP ITTLESON OR at (212) 947-3422 (Name of Person) (Area Code & Daytime Telephone: Nu HEMLANI ç **COURIER ADDRESS: MAILING ADDRESS:** ည်

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399 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 30, 1996

PHILIP ITTLESON I.T.S. PRODUCTIONS, INC. PO BOX 1014 NEW YORK, NY 10018

SUBJECT: I.T.S. PRODUCTIONS, INC. Ref. Number: W96000018248

We have received your document for I.T.S. PRODUCTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 796A00040992

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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:

<u>I. T. S. PROPUCTIONS</u> <u>INC.</u> (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.) ۱. $\frac{NEW YORK - USP}{(State or country under the law of which it is incorporated)} 3. - \frac{13 - 138 + 1137}{(1441 aumber, if applicable)}$ 2. <u>O4/08/1987</u> 5. <u>PERPETUBL</u> (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or (Date first transacted business in Florida, (SEE SECTIONS 607,1501, 607,1502, AND 817,155, F.S.) 6. 7. P.O. BOX 1014 - NEW YORK - NY-10018 (Current mailing address) 1 clithung 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: (P.O. Box or Mail Dipp Box NOT acceptable) ω. Name: JOHN BAUMBARI (nha) Office Address: 247 WORTH AUE **1**77 PALM BEACH

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,



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.

	nly- P. O. Box NOT acceptable)
Chairman:	
Address:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only	- P. O. Box NOT acceptable)
President: PHILIP 1	TILESON
	LONE
	N - NY - 11968
_	T ITTLESON
	LANE
	N - NY - 11968
Secretary:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach officers and/or directors.	an addendum to the application listing additional
NOTE: If necessary, you may attach officers and/or directors.	

Q.

٠

.

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

State of New York SS: **Department of State**

I hereby certify, that the certificate of incorporation of I.T.S. PRODUCTIONS, INC. was filed on 04/08/1987, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

* * *

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of August one thousand nine hundred and

96 SEP 16

PH 2:

ŝ

<u>"</u>]] ಸಮನಸ gans.

AllASSEE, FL

Ų.

ninety-six, $O^{\rm F}$ NEW der F. Treacholl 10 × 5. \sim પુરાઈ ! Secretary of State DER 1/2 MENT O

199608060038 61