

F96000004993

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SEASONS FOUR, 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 followir

JAY M. JONES

(Name of Person)

SEASONS FOUR, INC.

(Firm/Company)

5114 Twin Creeks Drive

(Address)

Valrico, Florida 33594

(City/State/Zip)

300001951893
-09/19/96--01073--001
*****70.00 *****70.00

wa 19849

11 9/30

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

JAY M. JONES
(Name of Person)

at (813) 654-6566
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 30 AM 10:14



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 20, 1998

JAY M. JONES
SEASONS FOUR, INC.
5114 TWIN CREEKS DR
VALRICO, FL 33594

SUBJECT: SEASONS FOUR, INC.
Ref. Number: W98000019849

We have received your document for SEASONS FOUR, 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. 807.1501 or 808.501, 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.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 996A00043480

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned JAY M. JONES, do hereby certify
(Name)

that this Resolution of the Board of Directors of SEASONS FOUR, INC
(Corporate Name)

a corporation duly organized and existing under the laws of the State of MARYLAND,
was duly adopted on SEPT. 24, 1996.

Be it resolved, that SEASONS FOUR INC,
(Corporate Name)
organized and existing in the State of MARYLAND, hereby adopts the name
SEASONS FOUR, INC. OF MARYLAND for use in Florida.

Dated: 9/24/96

Jay M. Jones, president
Signature of either Chairman, Vice Chairman or any officer

JAY M. JONES
Type or print name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 30 AM 10:14

**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. SEASONS FOUR, 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. Maryland
(State or country under the law of which it is incorporated)
3. 52-0673054
(FBI number, if applicable)
4. 3-29-1956
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
PERPETUAL
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECT'S 607.1501, 607.1502, AND 817.135, F.S.))
7. _____
5114 Twin Creeks Drive, Valrico, FL 33594
(Current mailing address)
Valrico, FL 33594
To engage in the business of buying, selling, and distributing tapes, cd's, balloon's and related party items
8. _____
(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 Drop Box NOT acceptable)
Name: JAY M. JONES
Office Address: 5114 Twin Creeks Drive
Valrico, Florida, 33594
(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.

Jay M. Jones
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 30 AM 10:11

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)

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Michael C. Jones

Address: 1529 Sappington Drive

Gambrilla, Maryland 21054

Director: Steven L. Jones

Address: 1051 Silver Bell St.

Hollywood, FL 33019

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Jay M. Jones

Address: 5114 Twin Creeks Drive

Valrico, FL 33594

Vice President: _____

Address: _____

Secretary: June M. Jones

Address: 5114 Twin Creeks Drive

Valrico, FL 33594

Treasurer: _____

Address: _____

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

13. Jay M. Jones president
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jay M. Jones president
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

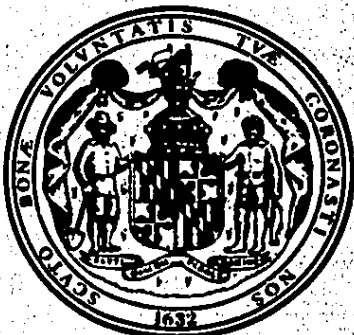
472607

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SEASONS FOUR, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 10TH DAY OF SEPTEMBER, 1996.

BRENDA A. WALKER
ADMIN SPECIALIST II

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 30 AM 10:14