

# F98000000559

CAPITOL SERVICES d/b/a  
 PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002416946--2  
 -01/30/98-01019-020  
 \*\*\*122.50 \*\*\*122.50

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

1. Interactive Performance of Georgia  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time 1/30

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

98 JAN 30 PM 12:00

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

*mtm*  
 1/30

RECEIVED  
 98 JAN 30 AM 11:07  
 DIVISION OF CORPORATION

| 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                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign             |
| <input type="checkbox"/>            | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |



Vice Chairman:  
Address:

Director:  
Address:

Michael W. Longa  
c/o Capital Credit Corporation  
8000 Arlington Expressway, Suite 210  
Jacksonville, FL 32211

Director:  
Address:

**B. Officers:**

President:

William B. Hewitt

Address:

c/o The Union Corporation, Suite 100, 211 King Street  
Charleston, SC 29401

Vice President:

Address:

Secretary:

Address:

Michael W. Longa  
c/o Capital Credit Corporation  
8000 Arlington Expressway, Suite 210  
Jacksonville, FL 32211

Treasurer:

Address:

Michael W. Longa  
see above

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. NAME AND STREET ADDRESS OF FLORIDA REGISTERED AGENT:**

Name:  
Office Address:

National Corporate Research, Ltd., Inc.  
1406 Hays Street, Suite #2  
Tallahassee, Florida 32301  
(Zip Code)

11. 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.

Registered agent's signature

John Wayne Asst Sec

12. 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.

13.

William B. Hewitt

(Signature of Chairman, Vice Chairman, or any officer listed in Number 9 of the application)

14.

William B. Hewitt, Chairman of the Board

(Name and capacity of the person signing the application)

98 JAN 30 PM 12:00

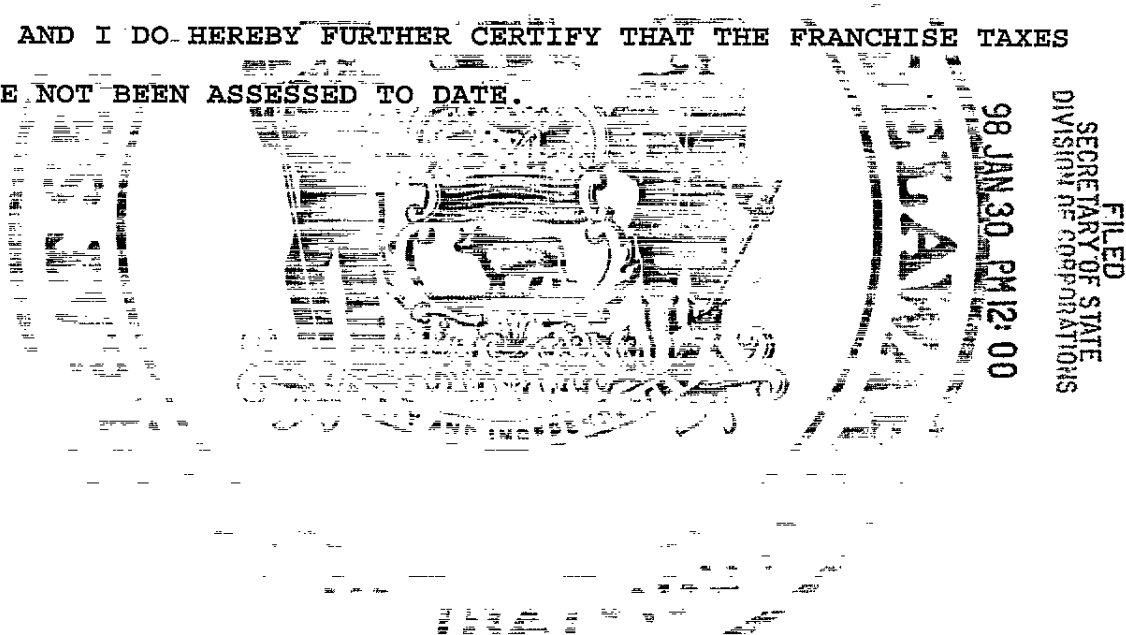
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State of Delaware  
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERACTIVE PERFORMANCE OF GEORGIA, 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 FOURTEENTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



98 JAN 30 PM 12:00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION:

8865093

DATE:

01-14-98