(((H98000007484 2)))

DIVISION OF CORPORATIONS TO:

FAX #:

(850)922-4000

FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

ACCT#:

075350000353 ... \_

CONTACT: CATHY LEACH

PHONE: (212) 431-5000

FAX #:

(212)431-5111

NAME: THE BRAIN SHOP, INC.

AUDIT NUMBER..... H98000007484

DOC TYPE......FOREIGN PROFIT QUALIFICATION

CERT. OF STATUS...O

PAGES.....

CERT. COPIES.....

DEL, METHOD.. FAX

EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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:

٦.	THE BRAIN SHOP, 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	Delaware  3. 66-0552522  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4	01/26/98 5. Perpetual  (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6	Upon Filing This Certificate of Authority
	(Date first transacted business in Florida, (See sections 607.1501, 607.1502 and 817.156, F.S.))
7	1504-06 F.D. Roosevelt Avenue
	San Juan, Puerto Rico 00968
	(Current mailing address)
g	to engage in any and all legal activities associated withe business of advertising, public relations & marketing
	(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: BlumbergExcelsior Corporate Services, Inc.
	Office Address: 4435 Old Winter Gerden Road
	Oclardo , Florida, 32802 Z S S S S S S S S S S S S S S S S S S
	(Zip Code) 美帝 是
1	O. Registered agent acceptance:
H	aving been named as registered agent and to accept service of process for the above stated, or process for the above stated, or poration at the place designated in this application. I hereby accept the appointment as
88	coistered agent and agree to act in this capacity. I further agree to comply with the provisions of
<i>≅.</i>	Il statutes relative to the proper and complete performance of my duties, and I am familiar with nd accept the obligations of my position as registered agent.
€2,	and accept the doingstons of my position of regions of agreement
	(Stollie)
	(Registered agent's signature) (Officer)
	Marc Moel, Assistant Secretary (For BlumbergExcelsior)

(Type Name and Title of Officer)

## H98000007484

- 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.
- 12. Names and addresses of officers and/or directors: .

		_			_
	-	EC:	~~	. –	•
 3 11	<b>—</b>	-1.4	P L.	, ,	_

Chairman: _		
Address:		
Vice Chairn	nan;	
Address:		EC.
Director:	Luis A. Reyes-Ramis	TAH TAS
Address:	1504-06 F.D. Roosevelt Avenue	AM, II: Y OF STA EE FLOR
	San Juan, Puerto Rico 00968	STATE LORID
<u>Director:</u>		A A
Address: _		
- 3. OFFICERS		
	Luis A. Reyes-Ramis	
Address: _	1504-06 F.D. Roosevelt Avenue	
·	San Juan, Puerto Rico 00968	
Vice Presid	dent:	1
À		
	<u>.                                    </u>	
Secretary:		
Address:		· · · · · · · · · · · · · · · · · · ·
		н98000007484

APR.21.1998 9:32HM XL CURP & K	KESEHKUH .	NU.711 P.9/
		Н98000007484
Treasurer:		· · · · · · · · · · · · · · · · · · ·
Address:	- · · · · - · · · · · · · · · · · · · ·	- <del>-</del>
	,	
NOTE: If necessary, you may attach a and/or directors.	n addendum to the application	n listing additional officer
13.	•	
(Signature of Chairman, Vice Chairman,	or any officer listed in number 12	of the application)
14. Luis A. Reyes-Ramis		
(Typed or printed name and capacity of	nerson signing application)	

98 APR 21 AM II: 50
SECRETARY OF STATE
TALLAHASSEF FISIALE

BlumbergExcelsior 62 White St NY, NY 10013 212-431-5000

H98000007484

## State of Delaware

H98000007484

PAGE 1

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE BRAIN SHOP, 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 TWELFTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE BRAIN SHOP, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 1998.

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

98 APR 21 AM 11: 50 SECRETARY OF STATE TALLAHASSEE FLORINA

NumbergExcelsion 62 Write St NY, NY 10013 212-431-5000



H98000007484

Edward J. Freel, Secretary of State

AUTHENTICATION:

8968759

DATE:

03-12-98 ₺

2850945 8300

981096105