

SUBJECT: Farrow	Shows,	Inc.	
	(Name of	corporation - must include suffix)	
Dear Sir or Madam:		~-09 **	02652089——1 /30/98—01033—003 **236.25 *****78.75
The enclosed "Application by For "Certificate of Existence", and che transact business in Florida.	eign Corpo eck are sub	oration for Authorization to Transact Business mitted to register the above referenced foreign	s in Florida", n corporation to
Please return all correspondence co	oncerning t	this matter to the following:	
James 1	H. Gabr	riel, Esq.	
		(Name of Person)	
Pyle, 1	Dreher,	Mills & Dye, P.A.	
		(Firm/Company)	,
779 Ave	ery Blv	d. North, Ste. 200	
•		(Address)	
Ridgela	and, MS	39157	
-		(City/State/Zip)	
Should you need to call someone c	concerning	this matter, please call:	98 SEP SECRE!
James H. Gabriel	at (	(601) 957-2600	30 A/R)
(Name of Person)		(Area Code & Daytime Telephone Numb	
			9: 32
COURIER ADDRESS:		MAILING ADDRESS:	32 6A

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

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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. Farrow Shows, 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.) 3. <u>64-0826503</u> (FEI number, if applicable) Mississippi (State or country under the law of which it is incorporated) February 27, 1998

5. ——Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Post Office Box 6747 Jackson, MS 39282-6747 (Current mailing address) To organize and manage amusement activities and events. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable

Name:

Steve Jones

211 South Dale Mabry Office Address:

> \_\_, Florida, <u>33609</u> (Zip code) Tampa

#### 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.

12. Names and a	ddresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable	le)
s - F	S (Street address only - P.O. Box NOT acceptable)	
Chairman:	James Michael Williams	
Address:	250 Farrow Dr.	
•••	Jackson, MS 39212	-
Vice Chairman:	Terry P. Foreman	
Address:	250 Farrow Dr.	
	Jackson, MS 39212	
Director:		-
Director:		
		98 SEP
····		F 30
	(Street address only - P.O. Box NOT acceptable)	SEE TO
	James Michael Williams	F.S. <b>19</b>
Address:	250 Farrow Dr.	32
<del></del>	Jackson, MS 39212	
Vice President:	Terry P. Foreman	
Address:	250 Farrow Dr.	
	Jackson, MS 39212	
Secretary:		
Address:		
<del></del>		
Treasurer:		
Address:		
		_
NOTE: If necess	ary, you may attach an addendum to the application listing additional officers and/or di	rectors.
13	1 eun Paul Janene	
	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applications of the applic	ation)
14	(Typed or printed name and capacity of person signing application)	Messere

# State of Mississippi

## Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office do hereby certify:

That on February 27,1998 the state of Mississippi issued Charter/Certificate of Authority to:

FARROW SHOWS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

TARY OF STATE OF MISSES

Given under my hand and seal of office September 18,1998

ERIC CLARK, Secretary of State