# F98000006175

### TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations		; ;
SUBJECT: Recovery Network	rk, Inc.	· · ·
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation," Certificate of Existence", and chec foreign corporation to transact business in Fl	ck are submitted to register the above	Business in referenced
Please return all correspondence concerning	this matter to the following:	
Michael Clark	ume of Person)	<del>a i</del> sa ta sa w
Recovery Networ	k, Inc.	<del>and</del> on the second second
1411 Fifth Street	Suite 200 (Address)	-6578-F8874
Santa Monica,	90000	
Should you need to call someone concerning	this matter, please call:	
Michael Clark (Name of Person)	at (310) 39: (Area Code & Daytime	3-3979 ext. 220 Telephone Number)
COURIER ADDRESS:  Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399	MAILING ADDRESS:  Qualification/Tax Lien Section of Corporations P. O. Box 6327 Tallahassee, FL 32314	SECRETARY OF STATI DIVISION OF CORPORATION IN 198 NDV -9 AM IO: I



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 7, 1998

MICHAEL CLARK RECOVERY NETWORK, INC. 1411 FIFTH ST, SUITE 200 SANTA MONICA, CA 90401

SUBJECT: RECOVERY NETWORK, INC.

Ref. Number: W98000022824

We have received your document for RECOVERY NETWORK, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

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.)

Please return the original first page of the application with the original signature of the registered agent.

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 (850) 487-6092.

Letter Number: 198A00049907

Hart Collins Senior Corporate Section Administrator



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 2, 1998

MICHAEL CLARK RECOVERY NETWORK, INC. 1411 FIFTH ST, SUITE 200 SANTA MONICA, CA 90401

SUBJECT: RECOVERY NETWORK, INC.

Ref. Number: W98000022824

We have received your document for RECOVERY NETWORK, 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):

You failed to make the correction(s) requested in our previous letter.

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.)

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 (850) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 098A00053444

OCT-05-89 11:41

FROM-RECOVERY NETWORK

## 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	Recovery Network, 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.	Color ado  (State or country under the law of which it is incorporated)  3. 391731029  (FEI number, if applicable)	<del></del> .
	December 28, 1995  [Date of Incorporation]  5. Perpetual  (Duration: Year corp. will cease to exist or	
б.	MARCH 1, 1998  (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)	<u> </u>
	1411 Fifth Street, Suite 200	DIVISI O
	Santa Monica, California 90401 2	
8.	Cable Television Network  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	POF STA
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	TIOHS
	Name: Phillip Diaz	
_	Office Address: 5975 Surfet Drive,  Suite 407 Miami, Florida, 33143	
10	(Zip Code)  D. 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 parition as registered agent.

Mhy Lightered agent's signature)

11. Anached 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: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Director Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: John Suite 200 Address: Secretary: Address: Treasurer: NOTE: If necessary, you have attach an addendum to the application listing additional officers and/or directors Vice Chairman, or any officer listed in number 12 of the application) Michael (Typed or printed name and capacity of person signing application)



## STATE OF COLORADO

## DEPARTMENT OF STATE

## **CERTIFICATE**

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF

COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

RECOVERY NETWORK, INC. (COLORADO CORPORATION)

FILE # 19951159834 WAS FILED IN THIS OFFICE ON December 28, 1995 AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: August 12, 1998

SECRETARY OF STATE DIVISION OF CORPORATIONS

.98 NOV -9 AM 10: 16

Victoria Buckley
SECRETARY OF STATE