CORPORATE CORPORATE ACCESS, 36 E & 66 A	venue . Tanahasses, Florda 32,03
P.O. Box 37066 (32315-7066) WAL PICK UP	(5 64)
CERTIFIED COPY	
	Venne Foreign
1.) Corporate Name & DOCUMENT #)	2 International Fac
2.)(CORPORATE NAME & DOCUMENT #)	5000028237654 -03738/9901046004 ****140.00 *****70.00
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SPECIAL INSTRUCTIONS	
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"When you need A CALL THE FILING AND RETRIEVAL	CCESS to the world" AGENCY DEDICATED TO SERVING YOU!

ONE TOUCH MEDIA INTERNATIONAL, INC. 830 SALE AWAY LANE, SUITE 101 NAPLES, FLORIDA 34108

March 26, 1999

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Ladies/Gentlemen:

One Touch Media International, Inc., a Florida corporation, hereby consents to the use of the name "One Touch Media International, Inc." by One Touch Media International, Inc., a Delaware corporation.

Sincerely,

Arland E. Hirman

President

One Touch Media International, Inc

(a Florida corporation)

2242441-1

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. One Touc	ch Media International, Inc.				-
(Name of corp	oration; must include the word "INCORPO	RATED", "COMPAN	Y", "CORPOR	RATION" or words or	
	not so contained in the name at present.)				
partifership ii	not so contained in the name at present.)				
0 D.1		•	EO 0E00701	<u>.</u>	
2. <u>Delaware</u>			39-3503/9	L	
(State or co	ountry under the law of which it is incorpora	ated)	(FEI r	number, if applicable)	

4. March 15	5, 1999 ⁻	5	Perpetual	- 	
··· 	(Date of incorporation)	Duration		ill cease to exist or "nernetual"	<u>, , , , , , , , , , , , , , , , , , , </u>
	(Date of moorpolation)	(Duration	. rour corp. w	in couse to exist or perpendir	,
				ne.	
(I	Date first transacted business in Florida.) (S	EE SECTIONS 607.1	501, 607.1502	and 817.155, F.S.)	
	,				
7. 8924 Lel	ly Island Circle			-	
				,	_
Naples	FL 34113-2611			_	
Hapres,				<u> </u>	
	(Curren	t mailing address)		- -	
8. Any lawi	ul business activity under De	laware law.		1=	
			be carried out i	n state of Florida) 🗭	
· ·	Feet (e) of tothoration and or more		00 Valliou Val	<u> </u>	
9 Name and str	eet address of Florida registered agents (PO Boy or Mail Dro	n Boy NOT ac	centable)	
> 1 (M1110 M114 Ç	oor made ood of Frontan registered agents (A.O. DON OF IMAIL DIO	p 20% <u>1197</u> 40	至	
Name:	Gary Clay Wiedenbein			>> \(\text{\tin}\text{\texi{\text{\tex{\tex	
raine.	Gary Cray Wiedenbern				
Office & 44	000/ * * * * * * * * * * * * * * * * * *				
Office Address:	8924 Lely Island Circle				}
				To F	
	Naples	, Florida, _	<u> 34113-2611</u>		
			(Zip code)	·	
				>	
Registered ag	gent's acceptance:				
		e word "INCORPORATED", "COMPANY", "CORPORATION" or words or ge as will clearly indicate that it is a corporation instead of a natural person or name at present.) 3. 59-3503791 (FEI number, if applicable) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") Certificate of Authority issued. less in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) Vity under Delaware law. I authorized in home state or country to be carried out in state of Florida) 90 registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Penbein Add to accept service of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I am familiar with			
Having been nam	ed as registered agent and to accept servic	e of process for the a	bove stated cor	rporation at the place designa	ıted
in this application	, I hereby accept the appointment as regis	tered agent and agree	e to act in this	capacity. I further agree to	
					ith
	The second secon	· · · · · · · · · · · · · · · · · · ·		, , <u>,</u> <u>,</u>	
and accent the ob-	ligations of my position as registered agen	£			
and accept the ob	ligations of my position as registered agen	t.			
and accept the ob	ligations of my position as registered agen	<i>t.</i>		-: —	
and accept the ob	Earline.				
and accept the ob	Earline.				
and accept the ob	Earline.	ed agent's signature)			

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

•	ORS (Street address only - P.O. Box NOT acceptable)				
Chăirman:	Arland E. Hirman				
	3221 East 4th Street				
_	Duluth, MN 55804	. ==			
Vice Chairma	n:				
Address:		· ···			-y
	•				
Director:		<u>i</u>			^
Address:					
Director:					
Address:		·		NAME OF	
B. OFFICE	RS (Street address only - P.O. Box NOT acceptable)	.:			
President: _	Arland E. Hirman			2	
Address: _	3221 East 4th Street			<u> </u>	
	Duluth, MN 55804	<u>-</u>		2 [
Vice Presider	nt: Gary Clay Wiedenbein	<u>-</u>	m.		
Address:	8924 Lely Island Circle				
	Naples, Florida 34113-2611		DA A		
Secretary:	Gary Clay Wiedenbein	<u> </u>			
Address:	8924 Lely Island Circle				
<u></u> -	Naples, Florida 34113-2611	- 			
Treasurer: _	Arland E. Hirman				2 74 - 1 -
Address: _	3221 East 4th Street	_			
_	Duluth, MN 55804				
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and	or dir	ectors.		
13. Du					
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	ie app	lication)	•	-
14	Gary Clay Wiedenbein, Vice President (Typed or printed name and capacity of person signing application	-			

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 "ONE TOUCH MEDIA INTERNATIONAL, 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 TWENTY-THIRD DAY OF MARCH, A.D. 1999.

FILED 99 MAR 30 PM 4: 14

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

9645156

03-23-99

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