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Requestor's Name		
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City State Zip	Phone	-04/2470.00 **********************************
CORPORATION	N(S) NAME	<b>y.</b> ,
		**************************************
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Acknowledgment	-	Page 3
W.P. Verifier		STATE CORIDA

CR2E031 (1-89)

## 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.	Dolphin Communications Advisors, 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. 59-3556724
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
,	January 26, 1999 5. Perpetual
4.	Sanuary 26, 1999   5. Perpetual   (Duration: Year corp. will cease to exist or "perpetual")
6.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7.	927 Anchorage Rd., Tampa, Florida 33602
	(Current mailing address)
8.	Provide Investment Management services.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Services.  Florida)  Name and street address of Florida registered agent:
9.	Name and street address of Florida registered agent.
	Name: C T Corporation System
	Office Address: Island Road System, 1200 South Pine
	Plantation , Florida, 33324 (Zip Code)
Ha de fui	D. Registered agent acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I other 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 obligation of my position as registered agent.  C T Corporation System
	(Registered agent's signature) (Officer)
	Francis P. Regan Assistant Secretary
(F	L - 2189 - 11/16/94) (Type Name and Title of Officer)

- 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:

A.	DIRECTORS	
	Chairman:	
	Address:	
	Vice Chairman:	
	Address:	<del></del> -
	Director: Richard J. Brekka	·
	Address: 927 Anchorage Rd	<del></del>
	Tampa, Florida 33602	
	Director:	9 APR
	Address:	
B.	OFFICERS	1:50 STAT FLORRING
	President: Richard J. Brekka	9
	Address: 927 Anchorage Rd	<del></del> .
	Tampa, Florida 33602	
	Vice President:	-
	Address:	
	Secretary: John Thomas	
	Address: 927 Anchorage Rd.	<u> </u>
	Tampa Planida 22602	

	l reasurer:	
	Address:	
NOTE: If and/or dire	necessary, you may attach an addendum to the application listing additionactors.	al officers
13. Rl	100/1	
(Signat application	ure of Chairman, Vice Chairman, or any officer listed in number 12 of the	
	d J. Brekka, President or printed name and capacity of person signing application)	·

99 APR 22 PM 1:59
SECRETARY OF STATE

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOLPHIN COMMUNICATIONS ADVISORS, 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 TWENTIETH DAY\_OF APRIL, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



**AUTHENTICATION:** 

9697101

DATE:

04-20-99

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