THE UNITED STATES **CORPORATION**

ACCOUNT NO. : 072100000032

7187019 REFERENCE : 530912

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE: December 28, 1999

ORDER TIME: 9:42 AM

OMPANY

ORDER NO. : 530912-010

800003082858-

CUSTOMER NO: 7187019

CUSTOMER: Mr. Mark D. Snider

Blue Dot Services 13680 N.w. 5th Street

Suite 200

Sunrise, FL 33225

FOREIGN FILINGS

NAME: BLUE DOT LICENSING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

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. I. ___ Blue Dot Licensing, 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. <u>Delawarre</u> application pending (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or " December 24, 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S 7. 13680 NW 5th Street, Suite 200 Sunrise, FL 33325 (Current mailing address) Investment Holding Company (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) Corporation Service Company Name: Office Address: 1201 Hays Street 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, Deborah D. Skipper as its agent (Registered agent's signature)

which it is incorporated.

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

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

	CTORS (Street address only - P.O. Box NOT acceptable)					
Chairman:						
Address: _						ţ.
-						
Vice Chair	man:	<u></u>				
			-			
Director: _	Joan R. Papadakis					-
Address: _	13680 NW 5th Street, Suite 200		-			
	Sunrise, FL 33325					. *=
			5	17.1 17.1	2	
		۶		ASR N	\ 	:
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)		<u> </u>		111	
rman President:	Patrick L. Johnson	-	, (FSTA		
	13680 NW 5th Street, Suite 200			BH 4	0	-
_	Surrise, FL 33325			-		:
Vice Preside	ent: Mark D. Snider; Todd Brown					
Address: _	13680 NW 5th Street, Suite 200					:
	Sincise, FL 33325		-			
Secretary:	Mark D. Snider		r r			
Address:	13680 NW 5th Street, Suite 200					,
_	Surrise, FL 33325					
Secreta	ary Joan R. Papadakis			·		
Address:	13680 NV 5th Street, Suite 200					
	Sunrise, FL 33325					
NOTE: 16					-	-
	necessary, you may attach an addendum to the application listing additional additional actions and the application and additional actions and additional actions are added and additional actions and additional actions are added and additional actions and additional actions are added and additional	ional officers	and/or direc	tors.		
13	(Signature of Chairman, Vice Chairman, or any officer listed in a	umber 12 of t	he applicant	on)		
[4,	Mark D. Snider, Vice President and Secretary					

70 30 20

ADDENDUM

B. OFFICERS

Assistant Secretary: Alan D. Dietrich

125 S. Dakota Avenue

Suite 1100

Sioux Falls, SD 57104

Assistant Secretary: Jeffrey K. Simpson

1201 Market Street

Suite 1700'

Wilmington, DE 19801

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE DOT LICENSING, 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-EIGHTH DAY OF DECEMBER, A.D. 1999.

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





Edward J. Freel, Secretary of State

AUTHENTICATION:

0166063

991563003

8300

3149124

DATE:

12-28-99