

103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
229-201-7300

FILING COVER SHEET  
FCCCT. (FC)-14

M00000000000663

CONTACT: CINDY HICKS  
DATE: 4/6  
REF. #: 0269  
CORP. NAME: InThe Shadows, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                     |   |  |

000003197830--7  
-04/06/00--01009--012  
\*\*\*\*155.00 \*\*\*\*155.00

STATE FEES PREPAID WITH CHECK# 7368 FOR \$ 155

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

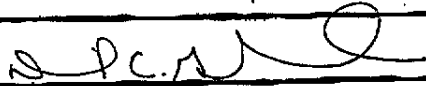
- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials \_\_\_\_\_

RECEIVED  
00 APR - 6 AM 10:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
00 APR - 6 PM 12:00  
TALLAHASSEE, FLORIDA  
4/6

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. In the Shadows, LLC  
(Name of foreign limited liability company)
2. California  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 95-4787297  
(FEI number, if applicable)
4. March 10, 2000  
(Date of Organization)
5. perpetual  
(Duration; Year limited liability company will cease to exist or "perpetual")
6. March 11, 2000  
(Date first transacted business in Florida. (See sections 606.501, 606.502, and 817.155, F.S.))
7. 5424 Crebs Ave.  
Tarzana, CA 91356  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
- A) David Glasser (Manager), Cutting Edge Entertainment  
5424 Crebs Ave., Tarzana, CA 91356
- B) Adam Stone (Manager), Cutting Edge Entertainment  
5424 Crebs Ave., Tarzana, CA 91356
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: motion picture production

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Glasser, CEO of Cutting Edge Entertainment, member of In the Shadows, LLC

Typed or printed name of signer

FILED  
00 APR -6 PM 12:00  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

In the Shadows, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

FILED  
00 APR -6 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

C. Baclet  
(Signature)

C. Baclet, Vice President

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# State of California

SECRETARY OF STATE

## CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

*I, BILL JONES, Secretary of State of the State of California, hereby certify:*

*That on the 10th day of March, 2000, IN THE SHADOWS, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and*

*That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and*

*That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and*

*That no information is available in this office on the financial condition of this limited liability company.*

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this  
4th day of April, 2000.



*Bill Jones*  
BILL JONES  
Secretary of State

FILED  
00 APR -6 PM 2:00  
SECRETARY OF STATE  
ALABAMA