

1010000002642

ACCOUNT NO. :

072100000032

REFERENCE :

343412 4300985

AUTHORIZATION

ORDER DATE: November 6, 2001

ORDER TIME :

1:24 PM

ORDER NO. : 343412-010

CUSTOMER NO: 4300985

CUSTOMER: Lucia Barcklow, Legal Asst

Hall Dickler Kent Goldstein &

909 Third Avenue

27th Floor

New York, NY 10022-9998

FOREIGN FILINGS

NAME:

PRODUCT PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

200004693862-

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: BETTY YOUNG -- EXT# 1112

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Product Partners, LLC	
	(Name of foreign limited liability company)	
2	Delaware 3.	
۷٠,	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4	October 25, 2001 5 perpetual	
	(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")	
6	Upon effectiveness of such filing	
٠.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7.	5455 North Federal Highway, Suite H	
	Boca Raton, Florida 33487	
	(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 AR AR ARA Manager - Earl D. Greenburg, 3340 Ocean Park Blvd., Suite 3050, Santa Monica, CA 900005	
	Manager - Earl D. Greenburg, 3340 Ocean Park Blvd., Suite 3050, Santa Monica, CA 90005	
	CF PA	ŗ
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	n
	translation of the certificate under eath of the translator must be submitted.)	
	,	
11	. Nature of business or purposes to be conducted or promoted in Florida: To secure television air	-
	time for the placement of products on behalf of various product vendors.	
	Ent Sneedy	
	Signature of a member or an authorized epresentative 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.)	
	Earl D. Greenburg, Manager	
	Typed or printed name of signee	

APPROVE

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:	
2. The name and the Florida street address of the registered agent and office are:	
Kim Banchs	
(Name)	
5455 North Federal Highway, Suite H	₹
Florida street address (P.O. Box NOT ACCEPTABLE)	- 515 SEC 01
	NOV CRET
Soca Raton FL 33487	V 26 HASS
(City/State/Zip)	<u> </u>
·	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate. I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for in Chapter 608, and the proper accept the obligations of my position as registered agent as provided for a contract the proper accept the obligations of my position as registered agent as provided for a contract the proper accept the obligations of my position as registered agent as provided for a contract the proper accept the pr	isions of all with and
Conhella a. Bancher	
(Signature)	•

\$ 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 Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRODUCT PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

OI NOV 26 PM 3: 07

SECRETARY OF STATE
SECRETARY OF STATE



Darriet Smith Windson Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1430871

DATE: 11-06-01