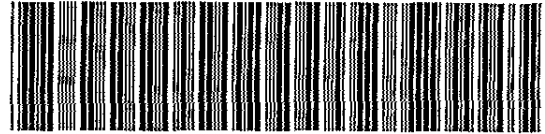


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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07/03/03--01071--005 **125.00

AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ATLANTA, GEORGIA 30326-1106

(404) 812-5804
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mailto: msi@sialaw.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 1, 2003

BY FEDEX

Registration Section
Division of Corporations, State of Florida
409 East Gaines Street
Tallahassee, Florida 32399

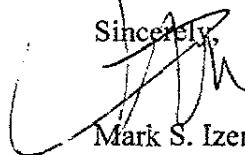
Dear Sir or Madam:

In connection with our registration of a foreign limited liability company to transact business in the State of Florida, enclosed please find the following:

1. Completed and Signed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Filing Fee of \$125.00, for payment of the application fee and the designation fee; and
4. Original Certificate of Existence.

Please let me know if you have any questions regarding this application. Thank you.

Sincerely,



Mark S. Izenson

MSI/mmi
cc: Ray Bouley (w\encls.)

FILED

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

03 JUL 98 AM 10:39

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Full Circle Productions, LLC
(Name of foreign limited liability company)
2. State of Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 58-2426835
(FEI number, if applicable)
4. August 25, 1998
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. April 21, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. Suite 9, 4400 Marsh Landing Boulevard
Ponte Vedra, FL 32082
(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:

Suite 400, 5775-D Glenridge Road, Atlanta, Georgia 30342

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: _____

Real estate marketing, advertising and brand management


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.)

Raymond P. Bouley, Sole Member and Manager

Typed or printed name of signee

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

Full Circle Productions, LLC

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

Paula Larsen

(Name)

Suite 9, 4400 Marsh Landing Boulevard

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

Ponte Vedra

FL 32082

(City/State/Zip)

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.


(Signature)

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 031051086
CONTROL NUMBER : K834078
DATE INC/AUTH/FILED : 08/25/1998
JURISDICTION : GEORGIA
PRINT DATE : 04/15/2003
FORM NUMBER : 211 03 JUL -3 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCHWEBER IZENSON & ANDERSON
MARK IZENSON
3384 PEACHTREE RD NE STE 275 PLAZA
ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FULL CIRCLE PRODUCTIONS, LLC
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State