July 9, 1998

500002585056--5 -07/10/98--01044--001 \*\*\*\*285.00 \*\*\*\*285.00

To whom it may concern,

Please find enclosed a check and associated paperwork for my application and fees for Foreign Limited Liability Company to transact business in the State of Florida Please contact me if necessary to complete this process, otherwise thank you very much for your assistance.

Sincerely,

Timothy P/Fraley

SECRETARY OF STATE DIVISION OF CORPORATIONS

1750 University Drive

Suite 203

**Coral Springs** 

FL 33071

P: 954.341.8222

f: 954.563.5305

Name
Availability

Document
Examiner

Updater

Updater
Verifyer

Acknowledgement

W. P. Verifyer

# 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:

	BILITY COMPANY TO TRANSACT BU			
			S. L. C. rds "limited company" or their abbr	
2. DE (Jurisdictio company is	LAWARE in under the law of which foreign lines corganized)	nited liability 3.	N/A (FEI humber, if app	licable)
4. <u> </u>	Date of Organization)	5.	PERPETUAL (Duration: Year limited liability co exist or "perpetual")	mpany will cease to
			ctions 608.501, 608.502, and 817.15	55, F.S.)
7. <u>17:</u>	50 UNIVERSITY	DRIVE	, SUITE 203	
<u>Co</u>	RAL SPRINGS,	FL 33 Street address of p	rincipal office)	,
8. List name	e, title, and business address of	each managing	member[MGRM] or manager	r[MGR]who
will mana	age the foreign limited liability	company in Fl	orida: (attach additional page	if necessary)
	nge the foreign limited liability  NAME & ADDRESS:	company in Fl	orida: (attach additional page:	TITLE:
		r company in Fl	orida: (attach additional page)	ir necessary)
	NAME & ADDRESS:	r company in Fl TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS:	r company in Fl TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS: TIMOTHY P. FRALE 1750 UNIVERSITY DE	TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS:  TIMOTHY P. FRALE  1750 UNIVERSITY DE  STE 203	TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS:  TIMOTHY P. FRALE  1750 UNIVERSITY DE  STE 203	TITLE:  MGRM	orida: (attach additional page)	ir necessary)
	NAME & ADDRESS:  TIMOTHY P. FRALE  1750 UNIVERSITY DE  STE 203	TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS:  TIMOTHY P. FRALE  1750 UNIVERSITY DE  STE 203	TITLE:  MGRM	orida: (attach additional page)	TITLE:
	NAME & ADDRESS:  TIMOTHY P. FRALE  1750 UNIVERSITY DE  STE 203	TITLE:  MGRM	orida: (attach additional page)	TITLE:

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

### State of Delaware

### Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIDEO DRIVE PRODUCTIONS, 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 SEVENTH DAY OF JULY, A.D. 1998.

98 JUL 10 PM 3: 33



Edward J. Freel, Secretary of State

AUTHENTICATION:

9182195

DATE:

07-07-98

2910569 8300

981262929

### 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:		
VIDEO DRIVE PRODUCTIONS		<del>-</del>
2. The name and the Florida street address of the registered agent and office are:		
TIMOTHY P. FRALEY (Name)	98 JUL 10	SECRETAI DIVISION OF
1750 UNIVERSITY DRIVE STE. 203 Florida street address (P.O. Box NOT ACCEPTABLE)	D PM 3: 33	RY OF STATE CORPORATION
CORAL SPRINGS FL 33071 City/State/Zip	ယ်	TIONS

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.

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of VIDEO	DRIVE
PRODUCTIONS certifies:	
onE  1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$ <u>Ø</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>45,500;</u>
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$ <u>45,500</u> .
Signature of a member or an authorized representative of a mem (in accordance with section 608.4086), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.
TIMOTHY P. FRALEY  Typed or printed name of signee	SECRETARY OF SI DIVISION OF CORPOR

Filing Fee: \$250.00 for Application and Affidavit

#### Estimated Value of Property Contributed to Corporation By Member

#### FIDÉO DRIVE PRODUCTIONS

#### **Estimated Value**

Computer Hardware......\$25,000.00

Computer Software.....\$10,000.00

Video & Audio Hardware.....\$10,500.00

Total:.....\$45,500.00

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