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ACCOUNT FILING COVER SHEET

ACCOUNT NUM	BER: FCA000000005	
REFERENCE: (Sub Account	2015336	
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REQUESTOR NA	ME:LEXIS	

ADDRESS:		
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Telephone:	() () ext (•
CONTACT NAME:		·
CORPORATION N	AME: HARD CANDY L.L.C	
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AUTHORIZATION:	C. Woodyard	- 5000
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5 pages

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

contained in the name at present.)				
Delaware	3	(FEI number, if	andicable\	
risdiction under the law of which foreign limited mpany is organized)	паошту	' (FEI number, if	аррисаоце)	
4/19/99	<u> </u>	Perpetual	== ==	75. 99 15. 59
(Date of Organization)		(Duration: Year limited liabil exist or "perpetual")	ity company	will cease to
May 12, 1999			- <u>÷</u>	<u> </u>
(Date first transacted business in F	lorida. (See sec	tions 608.501, 608.502, and 8	17.155, F.S.	
100 North Doheny Drive			===	
Beverly Hills, CA 90211				ATE S
	et address of p	rincipal office)		
Il manage the foreign limited liability con	~ ~	member[MGRM] or ma orida: (attach additional p NAME & ADDRES	age if nece	_
Il manage the foreign limited liability con	mpany in Flo	orida: (attach additional p	age if nece	essary)
Il manage the foreign limited liability con NAME & ADDRESS: Anna Hayes_Levin	mpany in Flo	orida: (attach additional p	age if nece	essary)
Il manage the foreign limited liability con NAME & ADDRESS: Anna Hayes_Levin	mpany in Flo	orida: (attach additional p	age if nece	essary)
NAME & ADDRESS: Anna Hayes_Levin rk Avenue, Suite 1830, New York, Bruce Ingram	mpany in Flo TTLE: MGR NY 10016	orida: (attach additional p	age if nece	essary)
NAME & ADDRESS: Anna Hayes_Levin rk Avenue, Suite 1830, New York, Bruce Ingram	mpany in Flo TTLE: MGR NY 10016	orida: (attach additional p	age if nece	essary)
NAME & ADDRESS: Anna Hayes_Levin rk Avenue, Suite 1830, New York, Bruce Ingram	mpany in Flo TTLE: MGR NY 10016	orida: (attach additional p	age if nece	essary)
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NAME & ADDRESS: Anna Hayes_Levin rk Avenue, Suite 1830, New York,	mpany in Flo TTLE: MGR NY 10016	orida: (attach additional p	age if nece	essary)

language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Hard Candy I	L.C
certifies:	= .
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 6,000,000 ;
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	\$0;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$ 6,000,000
(This total includes amounts from 2 and 3 above.)	FILED 9 MAY -5 PM ECRETARY OF S LLAMASSEE, FL
See Below for signature	
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	iber: 0
By: MMMN Its: Manager	-
Typed or printed name of signee	-

Filing Fee: \$250.00 for Application and Affidavit

Anna Hayes Levin

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:	==			
Hard Candy L.	L.C.	<u> </u>		-	
2. The name and the Florida	street address of the registered agent and office are:	. 			
Lexis Do	ocument Services Inc.	_	SEC TALI	99	
(Name)		-	言語	MAY	71
3953 WW	Kelley Road	_		5	П
	Florida street address (P.O. Box NOT ACCEPTABLE)	-	15.	P	Ū
Tallahas	FL	<u> </u>	TATE ORIDA	2: 00	
	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.

(Signature) fullion

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARD CANDY L.L.C." 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 FOURTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID. "HARD CANDY L.L.C." WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 1999.

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

State

9723723

AUTHENTICATION:

05-04-99

991176014

DATE:

3031582 8300