NUTEY, MAASS, ROGERS & LINDSAY, P.A.

PALM BEACH FLORIDA

FORT LAUDERDALE OFFICE


January 19, 1995

P95000007037

[illegible] Corporation
[illegible] TION OF [illegible]
P. O. Box 6327
Tallahassee, FL 32314

-01/24/95--01016--004
*****70.00 *****70.00

Re: Greg Norman Production Company

Dear Sir or Madam:

Enclosed please find for filing original Articles of Incorporation for the above referenced corporation. Also enclosed is our check in the amount of $70.00 for filing of same and a photocopy which I request you stamp and return in the enclosed self-addressed stamped envelope.

If you have any questions or need additional information please do not hesitate to contact me.

Very truly yours,

Pamela Murphy

Pamela Murphy, Secretary to
PAUL B. ERICKSON, ESQ.

/pm
Enclosures

# ARTICLES OF INCORPORATION
# OF
# GREG NORMAN PRODUCTION COMPANY

## Article I - Name

The name of this corporation is Greg Norman Production Company.

## Article II - Principal Office, Mailing Address

The principal office and mailing address of this corporation is 222 Royal Palm Way, Palm Beach, Florida 33480.

## Article III Capital Stock

This corporation is authorized to issue 10,000 shares of One Dollar ($1.00) par value stock.

## Article IV - Preemptive Rights

Every shareholder, upon the sale of any unissued stock of this corporation for cash, assets or other consideration, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

## Article V - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 321 Royal Poinciana Plaza, Palm Beach, Florida 33480, and the name of the initial registered agent of this corporation at that address is Paul B. Erickson.

## Article VI - Incorporator

The name and address of the person signing these Articles is:

Paul B. Erickson
321 Royal Poinciana Plaza
Palm Beach, Florida 33480

FILED
95 JAN 23 PM 3:10
TALLAHASSEE, FLORIDA

## Article VII - Initial Board of Directors

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time as provided in the Bylaws. The name and address of the initial directors of this corporation are:

Greg Norman
222 Royal Palm Way
Palm Beach, Florida 33480

Article VIII - Purpose

This corporation is organized for the purpose of transacting any or all lawful business.

Article IX - Indemnification

The corporation shall indemnify any officer or director, or any former officer or director, to the fullest extent permitted by law.

Article X - Amendment

These Articles of Incorporation may be amended by the Shareholders.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 11th day of January, 1995.

Paul B. Erickson, Subscriber

STATE OF FLORIDA )
)SS.
COUNTY OF PALM BEACH )

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared PAUL B. ERICKSON known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid this 12th day of January, 1995.

Notary Public, State of Florida
Print Name: Pamela Murphy
Commission Number: CC346466
My Commission Expires: 2/6/98

(NOTARY SEAL)

PAMELA L. MURPHY
MY COMMISSION # CC346466 EXPIRES
February 6, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

Acceptance of Designation

The undersigned, Paul B. Erickson, hereby accepts the designation of himself as registered agent for this corporation and agrees to serve in compliance with all applicable Florida Statutes.

FILED
95 JAN 23 PM 3:10
TALLAHASSEE, FLO

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $425 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

P95000007037

Film Only

A/C Address Change

6/28

ONLY

PROFIT CORPORATION ANNUAL REPORT

1996

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007037 (1)

1. Corporation Name

GREG NORMAN PRODUCTION COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 222 ROYAL PALM WAY<br>PALM BEACH FL 33480 | 222 ROYAL PALM WAY<br>PALM BEACH FL 33480 |

3. Date Incorporated or Qualified: 01/23/1905

3a. Date of Last Report:

4. FEI Number: 65-0555240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 501 Highway A1A | 26 501 Highway A1A |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 Jupiter, FL | City & State<br>28 Jupiter, FL |
| Zip 24 33477 Country 25 | Zip 29 33477 Country 30 |

9. Name and Address of Current Registered Agent

ERICKSON, PAUL B
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Erickson, Paul B.
82 Street Address (P.O. Box Number is Not Acceptable): 501 Highway A1A
83
84 City: Jupiter, FL 85 Zip Code: 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/19/96 DATE

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORMAN, GREG<br>222 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>Norman, Greg<br>501 Highway A1A<br>Jupiter, FL 33477 — XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | S<br>Norman, Laura<br>501 Highway A1A<br>Jupiter, FL 33477 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | VP/COO/AS<br>Erickson, Paul B.<br>501 Highway A1A<br>Jupiter, FL 33477 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | AT<br>Clapp, G. William<br>630 Fifth Ave.<br>New York, NY 10111 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | AT<br>Wolf, Karen<br>222 Royal Palm Way<br>Palm Beach, FL 33480 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/19/96 (407) 743-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084110 CP

P95000007037

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Greg Norman Productions Inc EIN or SS#: 65-0555240

Address: 501 North A1A

Jupiter, FL 33477

Amount: 225.00 Date Paid 6/28/96

Reason for claim: P95000007037 Over Payment

*Certified true and correct this* 13 *day of* Sept, *19* 96.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

*For Agency Use Only*

*Agency recommends approval of above claim and submits the following information to substantiate the claim:* *Amount of recommended refund $* 225.00

*The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No.* 97155/008 *dated* 6/28/96

*Name of Account* _____

4520213000145300000000001000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000000220020000

*Certified true and correct this* _____ *day of* _____ *19* ____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)

7/2/96

CR2E060(6/95)