1201 Hays Street
Tallahassee, FL 32301
800-342-8036

P95000066144

CSC networks

ACCOUNT NO. : 072100000032

REFERENCE : 668875 10274A

AUTHORIZATION

COST LIMIT : $ 70.00

ORDER DATE : August 24, 1995

ORDER TIME : 12:05 PM

ORDER NO. : 668875

CUSTOMER NO: 10274A

CUSTOMER: Scott Solomon, Esq
BARRY S. MITTELBERG, ESQ

Suite 2
6200 West Commercial Blvd.
Fort Lauderdale, FL 33319

DOMESTIC FILING

NAME: BOX SEAT ENTERTAINMENT, INC.

FILED
95 AUG 25 PM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: T. BROWN AUG 28 1995

ARTICLES OF INCORPORATION

OF

BOX SEAT ENTERTAINMENT, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

BOX SEAT ENTERTAINMENT, INC.

The address of the principal office of this corporation shall be 6208 West Commercial Boulevard, Suite 2, Ft. Lauderdale, Florida 33319 and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having $.01 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 6208 West Commercial Boulevard, Suite 2, Ft. Lauderdale, Florida 33319, and the name of the initial registered agent of the corporation at that address is Scott A. Salomon.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This corporation shall be organized to comply with the provisions of Subchapter S of the Internal Revenue code, 26 U.S.C. 1361 et. seq., and shall take all actions necessary to obtain and maintain its status as an S corporation as defined therein.

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on August 25, 1995.

CORPORATION SERVICE COMPANY

By: Karen B. Rozar
Its Agent, Karen B. Rozar

KBR/dgs

FILED
95 AUG 25 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

DESIGNATED IN THE ARTICLES OF INCORPORATION

Scott A. Salomon, Esq., an individual residing in this state having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

BOX SEAT ENTERTAINMENT, INC.

is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: _____

Scott A. Salomon

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

96 OCT 28 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066144

1. Corporation's Name
BOX SEAT ENTERTAINMENT, INC.

Principal Place of Business
6208 W. COMMERCIAL BLVD.
SUITE 2
FORT LAUDERDALE FL 33319

Mailing Address
6208 W COMMERCIAL BLVD.
SUITE 2
FORT LAUDERDALE FL 33319

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
3rd Floor
Suite, Apt. #, etc. 2417 University DR.
City & State Coral Springs, FL
Zip 33065 Country U.S.A.

3. New Mailing Office Address, If Applicable
3rd Floor
Suite, Apt. #, etc. 2417 University DR
City & State Coral Springs, FL
Zip 33065 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 08/25/1995

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. If Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Scott Salomon	2417 University DR	Coral Springs, FL 33065
V.P.	Keith Maye	2417 University DR.	Coral Springs, FL 33065

S00001941715--7
-10/31/96--01027--014
****375.00 ****375.00

$87.50/30

8. Name and Address of Current Registered Agent

SALOMON, SCOTT A
6208 W. COMMERCIAL BLVD.
SUITE 2
FORT LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2417 University Drive
Suite, Apt. #, Etc 3rd FLOOR
City CORAL SPRINGS State FL Zip Code 33065

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 10/8/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/96 Date 954-755-6700 Daytime Phone #

0102892 FP