# F00000001105

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M 5 Networks Inc.	HUM
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact E "Certificate of Existence", and check are submitted to register the above referenced to transact business in Florida.	l foreign corporation
Please return all correspondence concerning this matter to the following:	0003504668—-1 -12/19/0001009007 
(Name of Person)	····
MS Networks Inc.  (Firm/Company)	
70 Alton Kd. #2603	
(Address)	
Mian: Beach FL 33139	
(City/State and Zip code)	
For further information concerning this matter, please call:	030 OC.
(Name of Person) at (305) 604-9256 (Area Code & Daytime Telephone	Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	STATE ORATIONS 9: 29
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BŪSINESS IN THE STATE OF FLORIDA.

1.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	State or country under the law of which it is incorporated)  313-412-0189  (FEI number, if applicable)
4.	(Date of incorporation)  5. Pentual (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	90 Alton Rd. # 2603 Mioni Black, FL 33/39 (Principal office address)
	90 Alton Rd. #2603 Miam: Beach FL 33/39 (Current mailing address)
8.	Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Phillip Kim
Of	fice Address: 90 Alton Rd. #2603
	Miam: Black Florida 33139 (City) (Zip code)
10	

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

 $\pi_{i} = (1 + \frac{1}{2}, 1 + \frac{1}{2})$ 

## 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Philip kin
Chairman: Philip kin Address: 90 Alton Rd. Miani. Beach FL 33/39
Vice Chairman: Scott Anderson
Address: 97 Laxington fre #5A
New York, Ny 10016
Director: Michael Ende
Address: 9-01- Warm Daine Con Ish 1 (1)
Address: 9-01-44M Drive Cong Fsland City, Ny 11101
Director:
Address:
Address:
B. OFFICERS
President: Scott Angle Son
Address: 9) Cering four five of 5A
Henyork NY 10016
Vice President: Philip Kim
Address: _ 90 Alton Rd. #2603
Miami Beach FL 33139
Secretary: Michael Erde
Address: 9-01-44M Drive Long Island City NY 1/101
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. V Ill C
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4Philip Kim, Chairman
(Typed or printed name and capacity of person signing application)

# 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 "M5 NETWORKS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2000.



Edward J. Freel, Secretary of State

AUTHENTICATION: 0814117

DATE: 11-28-00

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