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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

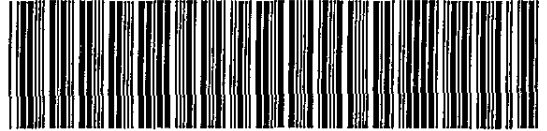
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04 MAY -3 PM 9:24
FBI

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Network Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karan R. McGee
(Name of Person)

Network Services, Inc.
(Firm/Company)

810 Hardy Street
(Address)

Hattiesburg MS 39401
(City/State and Zip code)

For further information concerning this matter, please call:

Kecia Carter at (601) 583-5442
(Name of Person) (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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & 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 BUSINESS IN THE STATE OF FLORIDA.

1. Network Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. 64-0881634
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 11, 1996 5. 99 Years
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(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. 810 Hardy Street Hattiesburg MS 39401
(Principal office address)

P O Box 1725 Hattiesburg MS 39403-1725
(Current mailing address)

8. Third Party Debt Collections
(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: Bob J. Sykes

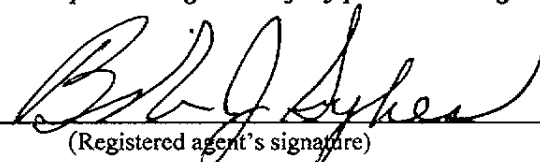
Office Address: 3930 Spyglass Hill Road

Sarasota, Florida 34238
(City) (Zip code)

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04 MAY -3 AM 9:24
TALLAHASSEE FLORIDA

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.


(Registered agent's signature)

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.

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

A. DIRECTORS

CEO
~~Chairman~~ Margaret M. Rees

Address: 292 Rogers Road Hattiesburg MS 39401

Director
~~Vice Chairman~~ Nell C. Eaton

Address: 300 Old Rifle Range Road Petal MS 39465

Director: Sylvia K. McDuffie

Address: P O Box 308 Moselle MS 39459

Director: Irma M. Davis

Address: 881 Macedonia Road Petal MS 39465

B. OFFICERS

President: Karan Rees McGee

Address: 290 Rogers Road Hattiesburg MS 3940

Hattiesburg MS 39401

Vice President: _____

Address: _____


Secretary: Lekecia A Carter

Address: 174 Nursery Road Lumberton MS 39455

Treasurer: Karan Rees McGee

Address: 290 Rogers Road Hattiesburg MS 39401

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Karan Rees McGee
(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State

Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 11, 1996, the State of Mississippi issued a Charter/Certificate of Authority to:

NETWORK SERVICES, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
April 22, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State