:F0000000 3988

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: Ninth House, La	C	
(Name of corpora	tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to	for Authorization to Transact Business in Flor to register the above referenced foreign corpo	rida", oration
to transact business in Florida.	. Callerainen	S
Please return all correspondence concerning this ma		
Toni Orzan	o of Powers)	
	. +	01096 <u>0</u> 08
Ninth House,	(Company) ******70.	00 *****70.00
550 15th S-	tvoot	
	Address)	· - · · · · · · · · · · · · · · · · · ·
San Francisco (City	/State/Zim)	
Should you need to call someone concerning this m	natter, please call:	
111	15 TAI- 1503	
Toni Orzano at (41) (Name of Person) (Ar	ros Code & Daytime Telephone Number)	-:
(Name of Person) (Al	rea Code & Daytille Telephone Namosi,	LECA M
		AY A
STREET ADDRESS:	MAILING ADDRESS:	FILED 18 PARY OF SSEE.
Name 5/36/00 Availability (Inhification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Section Division of Corporations	PM 12: 5 OF STATE FLORI
Document 409 E. Gaines St. Examiner Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	A P
Updater Enclosed is a check for the following amount:		
13. aver 7.570.00 Filing Fee S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee & Certified Copy Certificate Certified Cert	e of Status &
Acknowledgement DCC		
W. P. Verifyer DCC F000000	9868	

4 pages

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. Ninth House, Inc.		
(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. Delaware (State or country under the law of which it is incorporated) 3. 94-331-6289 (FEI number, if applicable) 4. 12/15/98 5. Perpetual		
4. 12/15/98 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		•
6. May 4, 2000 Em (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	0	
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	₩.	
	_<	
San Francisco CA 94103 (Current mailing address)	8 P	
(Current mailing address)	35	-
8. Sales Rep only for retail delivery of broadband media leasing		Huiork
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ノ	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
Name: Robert Smith		
Office Address: 10134 Vista Point Dr.		
<u>Tampa</u> , Florida, <u>33635</u> -6328 (Zip code)		
(Zip code)		
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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECT	FORS (Street address only - P.O. Box NOT acceptable)		-
Di <i>ve</i> ctor : Chairman: _	Jeff Snipes		
Address:	550 15th Street	<u></u>	- .
	San Francisco, CA 94103	pg 1	1
Director:	Peter C. Meinia		- .
Address:	12112 Technology Blvd., Suite 100		-
	Austin TX 78727	. 18 TE	₹ . ¹ - E
Director:	Anne Smalling		. .
Address:	12112 Technology Blvd., Suite 100		
	#USTIN, 7 x 181/21	,	<u>.</u>
Director:	Shahan Soghikian	8	
Address:	Shahan Soghikian 50 California Street, Suite 2940 Can Examplish CA 94111	=	-
	Sall rations		
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	PH	
President: _	Jeff Snipes	<u>্</u> য	:
Address:	550 15th Street	<u> </u>	-
-	San Francisco, CA 94103		 4
Vice Preside	ent:		
Address:		ark .	- -
			 +
Secretary:			
Address:			·
Address		-3	_
_			
Treasurer:			_
Address: _			eli
_		·	 ~
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13	(Signature of Chairman, Vice Chairman or any officer listed in number 12 of the application)		-
14	Teff Snipes President / CEO (Typed or printed name and capacity of person signing application)		

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NINTH HOUSE, 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 NINTH DAY OF MAY, A.D.
2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NINTH HOUSE, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE I

OMAY 18 PM12:54
ECRETARY OF STATE
H AHASSEF FI ORINA

Edward J. Freel, Secretary of State

AUTHENTICATION:

0427031

DATE:

05-09-00

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