TO:	Registration Section Division of Corporations	•	•	
SUBJ.	ECT: WORLD TOUC	H INTERACTIVE	INCI	
•		(Name of Corporation	m - must include surrix)	
Dear S	Sir or Madam:			
The er Existe	nclosed "Application by Foreign ence", and check are submitted t	Corporation for Authorization register the above reference	ion to Transact Business ed foreign corporation to	in Florida", "Certificate of transact business in Florida.
Please	e return all correspondence conc	erning this matter to the follo	wing:	
1	TODD H. SIMON			
		(Name of Per	son)	
	12001 A TOWER WITH	EDACTIVE INC		
	WORLD TOUCH INTE	(Firm/Compa	my) f ² [0 0003573137 4 -01/24/0101063005
				-0172470101063005 ******70.00 *****70.00
- }	20 Box 2192	(Address))	
		0		
	STATELINE NV	XGUU9(City/State and Z)	in Code)	
		(Oley, Date and 2	.,,	
For fu	urther information concerning th	nis matter, please call:		
F	ROBBIE GRANT (Name of Person)	CDA at_	(175)588-72	213
	(Name of Person)	1	(Area Code & Da	ytime Telephone Number)
Regis Divis: 409 E Tallal	EET ADDRESS: stration Section sion of Corporations E. Gaines St. hassee, FL 32399 osed is a check for the following	Re Di P.0 Ta	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	FILED SECRETARY OF STATE TALLAHASSLE, FLUNDA 1/25 \$87.50 Filing Fee,
⊠ \$.75 Filing Fee & tified 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. WORLD TOUCH INTERACTIVE, IN	1C.
of an effection, must include the word "INCORPORATED" "	"COMPANY", "CORPORATION" or words or abbreviations of like import in natural person or partnership if not so contained in the name at present.)
2. NEVADA	3. <u>88-0480218</u>
(State or country under the law of which it is incorporated)	3. <u>\$8-0480218</u> (FEI number, if applicable)
ulaglas	5 DEDDETHAL
4. (Date of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
· -	
6. <u>NPOH</u> <u>ANALIFICATION</u> (Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.15)	as not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)
7. 193 SHADY LAME, STATELIN	1E NV 89449
7. 193 SHADY LANE, STATELING	al office address)
TO FOU DIAD STATELLIAE HV	7 74449
PO BOX 2192, STATELILE AV	mailing address)
,	
8. SALES OF INTERACTIVE TOUCH & (Purpose(s) of corporation authorized in home s	SCREEN DISPLAYS
(Purpose(s) of corporation authorized in home s	state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:	: (P.O. Box or Mail Drop Box NOT acceptable)
Name: JOHN BELL	
Office Address: 2149 MCGREGOR BLND ST	E. 2
·	
FT. MYFRS (City)	, Florida
(City)	(Zip Code)
10. Registered agent's acceptance:	08 S
TIming hear named as registered agent and to accept ser	rvice of process for the above stated corporation at the place
designated in this application. I hereby accept the appoint	ntment as registered agent and agree to act in this cupacity. I
further agree to comply with the provisions of all statutes	s relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations	s of my position as registered agent.
	٨
V hl. Hilell	
(Registered	d agent's signature)
11. Attached is a certificate of existence duly authenticated	d, not more than 90 days prior to delivery of this application to

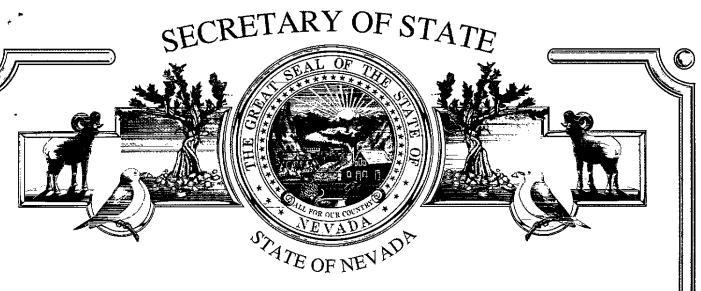
the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

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

A.	DIRECTORS
	*

Chairman: 10DD H. SIMON.	
Address: PO BOX 2192 . NA	
STATELINE, NV 89449	
Vice Chairman: ToDD H. SIMON	
Address: Po Box 2192	
STATELINE NV 89449	
Director: TODD H. SIMON	
Address: P.O. BOX 2192	
STATELINE, NV 89449	
Director:	
Address:	
	<u>-</u>
B. OFFICERS	
President: TODD H. SIMON	00 SECT
Address: PO Box 2192	AHASS 2
STATELINE NV 89449	ES FIN
Vice President: TODD H. SIMON	
Address: Po Box 2192	- 108 - 108
STATELINE NV 89449	
Secretary: TODD H. SIMON	
Address: PO Box 2192	
STATELINE NV 89449	
Treasurer: TODD H. SIMON	
Address: P.O. BOX 2192	
STATELINE, NV 89449	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)
14. Todd H. Simon PRESIDENT (Typed or printed name and capacity of person signing application)	
(-) Lan at Luman merin and anthony of barners affining abbitration)	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WORLD TOUCH INTERACTIVE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 28, 2000, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 27, 2000.

Secretary of State.

Certification Clerk