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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(В	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF SIVE DIVISION OF CORPORATION

Sp

TRANSMITTAL LETTER

то:	Registration Se Division of Co.			
SUBJ	ECT: ARBO	OL MEDIA INC		
		(Name of corp	oration - must include suffix)	
Dear S	ir or Madam:			
"Certif		e", and check are submitte	n for Authorization to Transact Business d to register the above referenced foreign	
Please	return all corresp	ondence concerning this r	natter to the following:	
MAI	RK NICHOLS	, CPA		D
		(Nar	ne of Person)	N SEC
AR	BOL MEDIA, I	NC		NOV STATE
		(Firs	n/Company)	2 67
216	NORTH BRO	ADWAY AVE		R RPS
		(Address)	9 35
SAN	NTA ANA, CA	92701		6
		(City/S	tate and Zip code)	
For fur	ther information	concerning this matter, ple	ease call:	
WEN	IDI TOWNSE	ND at (7	14 , 769-7900	
	(Name of Perse	$\frac{1}{(n)}$	area Code & Daytime Telephone Numbe	<u>r)</u>
Registr Divisio 409 E.	ET ADDRESS: ation Section n of Corporation Gaines St. ssee, FL 32399	ıs	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose	ed is a check for	the following amount:		
s \$70.	00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy Certified Copy	Filing Fee, ficate of Status & fied Copy

ÁPPLICATION 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.	ARBOL M	EDIA, INC,		
	words or abbrev		ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)	
2.	CALIFORN	IIA	33-0890532	
	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	£2
4.	9/21/99		₅ PERPETUAL	
	(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	. –
6.	UPON Q	UALIFICATION		
•	(Date first transa	• • • • • • • • • • • • • • • • • • •	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)	¥2.—
7.	216 NOR	TH BROADWAY AVE, SANTA A	NA, CA 92701	
′ ••		(Principal office a	nddress)	-
	216 NOR	TH BROADWAY AVE, SANTA A	NA, CA 92701 2	•
,		(Current mailing a	22 52	<u>!</u>
8.	SALE OF (COMPUTERS, SOFTWARE, INTI	ERNET ACCESS, WIRELESS PHONES	ide ide
•	(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida) 9	
9.	Name and str	eet address of Florida registered agen	it: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable	
	Name:	MARK NICHOLS, CPA		
Oi	ffice Address:	10130 W. FLAGHER ST		• • •
		MIAMI	, Florida	~
		(City)	(Zip code)	

10. Registered agent's acceptance:

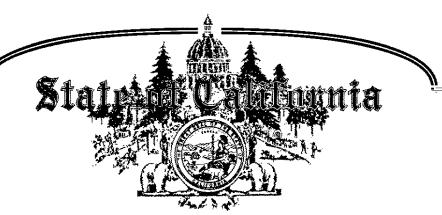
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 business addresses of officers and/or directors:

A. DIRE	ECTORS		
Chairman:	BENJAMIN V. RODRIGUEZ		
Address:	216 NORTH BROADWAY AVE		* * • • •
	SANTA ANA, CA 92701		*
Vice Chair	man: MARK NICHOLS		: = :
Address:	216 NORTH BROADWAY AVE		7
	SANTA ANA, CA 92701		
Director:	BENJAMIN J. RODRIGUEZ		· · · · · · · · · · · · · · · · · · ·
Address:	216 NORTH BROADWAY AVE		
	SANTA ANA, CA 92701	~	.ಕೆ ಸ್ವಾನ ಿ -
Director:			
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. OFFI	CFPS	 웄	PIQ.
President:	BENJAMIN V. RODRIGUEZ	02 NOV	SECR
Address:	216 NORTH BROADWAY AVE	200	\$3.77 0.75
Address.	SANTA ANA, CA 92701	7	200 B
Vice Presid	dent: MARK NICHOLS	<u>9</u>	AAE O
Address:	216 NORTH BROADWAY AVE		ঠ
Addicas.	SANTA ANA, CA 92701		·
Secretary:	MARK NICHOLS		, T 5c.
Address: _	216 NORTH BROADWAY AVE, SANTA ANA, CA 92701		· ·
Treasurer:	MARK NICHOLS		,-
Address: _	216 NORTH BROADWAY AVE, SANTA ANA, CA 92701		- <u> </u>
Address: _			
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.	
13			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	on)	•
14	Mark N. Ao 15 (Typed or printed name and capacity of person signing application)		



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

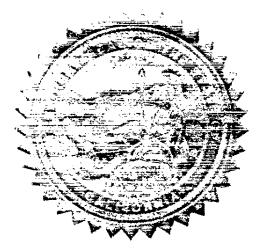
That on the **20th day of September, 1999, ARBOL MEDIA, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office: and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 6, 2002.

BILL JONES Secretary of State

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