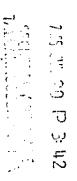
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(Bı	ısiness E	ntity Name)	
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Certified Copies	_ Ce	rtificates of	Status
Special Instructions to	Filing Off	icer:	
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	Deret 4
SUBJECT: Vew 2	light Inc.
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	e of Person)
New e	Right Inc.
	/Company)
PO Box 1720  Hernando, Fl.  Email- Nli@newlight.	34442 - 1720
Email- Ni@ newlight.	net
For further information concerning this matter, plea	
A Richard Ramsey at (7) (Name of Person) (And Company of Charles)	rea Code & Daytime Telephone Number)
·	
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Division of Corporations : 😥
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	V 1. 2. ₩
□ \$70.00 Filing Fee  □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$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.	
New Light Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp." "Inc.," "Co.," "Corp.")	
1 New Light Integration Inc	
(If name unavailable in Florida enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. <u>Georgia</u> 3. <u>58-1910179</u>	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 8. 16. 1790 5. POPUCE  (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
199 Howell Dr. Courton Su 30115	
(Principal office address)	
199 Howell Dr. Canton, 6a 30115	
(Current mailing address)	
· Audio Visual Integration	
(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 NOT acceptable)	
Name: A Richard Ramsey	
202011 HG2 21/1 Point =	
Hernando, Florida 34442	
(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 dutie	S,
and I am familiar with and accept the obligations of my position as registered agent.	
$\Omega$	
M// ( famer)	
(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:

Chairman:	$\frac{1}{2}$		hand	Kam	36 9 N	$\Gamma I$	*> 1111	10	
Address:	PO	Box	1720	<u> Hen</u>	nance	2, 1/1	3441	<u>/ ス~/</u>	1720
Vice Chairn	nan:								
Address: _	<del></del>	<del></del>							
Director: _					*				
B. OFFIC								<u> </u>	
President:	<u> </u>			· <del>- · · · · · · · · · · · · · · · · · ·</del>					
Address:									
Vice Preside									
Address:			<del></del>					<del></del>	<del></del>
Secretary: _							73		
Address: _								<u> </u>	
Treasurer:					<u></u>			20	
Address:								<del>U</del>	# 
NOTE: If	necessary,	you may atta	ch an addendu		eation listing a	dditional off	ficers and/or d	lire€t <del>∂</del> rs.	
13		(Signature o	f Director or O	Officer listed in	number 12 of	the applicat	ion)	<del></del>	<del></del> -
14		<u> </u>	IChance printed name a		45e4				

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K016163
DATE INC/AUTH/FILED: 08/16/1990
JURISDICTION : GEORGIA
PRINT DATE : 07/15/2005
FORM NUMBER : 211

NEW LIGHT INC A RICHARD RAMSEY 199 HOWELL DR CANTON, GA 30115

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

### NEW LIGHT, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed of its pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State