

F05000005143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800058993338

FILED
05 SEP -2 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 SEP -2 PM 4:09
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-02-05

NAME: BRICSNET FM AMERICA, INC.

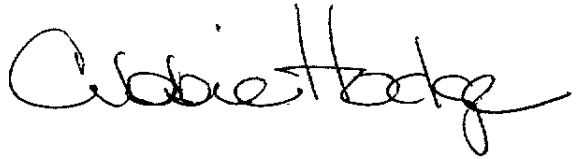
TYPE OF FILING: APPLICATION BY FOREIGN CORPORATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FILED
05 SEP -2 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. BRICSNET FM AMERICA, 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. DELAWARE

(State or country under the law of which it is incorporated)

3. # 02-0594325

(FEI number, if applicable)

4. May 2, 2002

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 35 LEVERONI COURT, SUITE 200

(Principal office address)

NOVATO, CA 94949

(Current mailing address)

8. SOFTWARE SALES & SERVICES AND ALL LAWFUL BUSINESS ACTIVITY

(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: CORPORATE
CAPITOL SERVICES, INC.

Office Address: 1333 N DUVAL STREET

TALLAHASSEE

(City)

, Florida 32303

(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.

Dellanie Case, asst. sec

(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:

05 SEP -2 AM 11:04
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

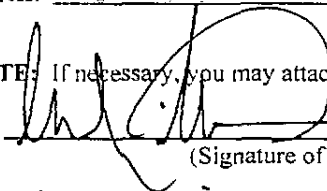
A. DIRECTORS

- ① Chairman: OSCAR L. COEN ② Director: DIRK CREADO
Address: 35 LEVERONI CT., #200 Address: 35 LEVERONI CT., #200
NOVATO, CA 94949 NOVATO, CA 94949
- ③ Director: ERIC SWENDEN ④ Director: JEAN-CLAUDE DESCHAMPS
Address: 35 LEVERONI CT., #200 Address: 35 LEVERONI CT., #200
NOVATO, CA 94949 NOVATO, CA 94949
- ⑤ Director: HÉCTOR RODRIGUEZ
Address: 35 LEVERONI CT., #200
NOVATO, CA 94949
- Director: _____
Address: _____

B. OFFICERS

- President: ETHAN FARID JINIAN
Address: 35 LEVERONI CT., #200
NOVATO, CA 94949
- Vice President: JEFF MORGEN
Address: 35 LEVERONI CT. #200
NOVATO, CA 94949
- Secretary: MARK CASILLAS
Address: 35 LEVERONI CT., #200, NOVATO, CA 94949
- Treasurer: JEFF MORGEN
Address: 35 LEVERONI CT., #200, NOVATO, CA 94949

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. MARK CASILLAS, SECRETARY
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

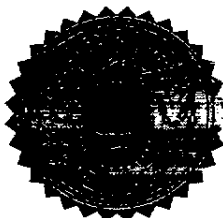
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRICSNET FM AMERICA, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRICSNET FM AMERICA, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3521626 8300

050694918

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4110276

DATE: 08-23-05