## F06000001420

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
L	<del></del>	

Office Use Only



FORECON (167) 499 \*\*87,50

64:21:13 9-33:190

A contraction of the second of

## **COVER LETTER**

TO: New Filing Section Division of Corpo					
SUBJECT: <u>VARR</u>	XI CASTING (Name of c	Networe orporation - must	C, TNC include suffix)		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence," transact business in Florid	and check are subm				
Please return all correspon	dence concerning th	is matter to the fo	llowing:		
DONAL	D FARME	e R			
	(	(Name of Person)			
NARROW	PASTING N	etwork.	Inc		
	easting N	(Firm/Company)	,		
547 A	SHEELER	Roso			
		(Address)		75.0	
Apople A	FL 32	703 ity/State and Zip c			130
	(Ci	ity/State and Zip c	ode)	Ţ.	35
					5
For further information concerning this matter, please call:					
Donald Face (Name of Person	zmek at (	407) 8	86-7707	OSIGN ACISSO	6.1 :21 F.A
(Name of Person	)	(Area Code & I	Daytime Telephone	Number)	
STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Corporation Tallahassee, FL	on orations Center Circle		MAILING ADDI New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	n rations	
Enclosed is a check for th	e following amount:				
\$70.00 Filing Fee	578.75 Filing Fee Certificate of Sta		Filing Fee & Ed Copy	87.50 Filing S Certificate of Certified Cop	f Status &

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Donald FARMEr	
Address: 1535 Moeningside Dr	
Mr DORA, 81 32757	
Vice Chairman:	
Address:	
Director: Cegary Da.C	
Address: 5474 Speclee Roso	
Appla, FL 32703	
Director: Richard GARZON	
Address: 452 Osceola St., Suite 202	
DLTAMonte Spring, F1 32701	
B. OFFICERS	
	4
C/. · · · · · · · · · · · · · · · · · · ·	, ,
Address: 1535 Morningside Dr.  HT BORA FL 32757  E E D	
表記 National Action Technology (Action Technology Action Technolo	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If the second of the sec	
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. Directon of Cosposarion Gregory Pulit (Typed or printed name and capacity of person signing application)	
(Typed or printed name and capacity of person signing application)	-

## 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.

I. <u>NARROW CASTING</u> <u>Nor</u> (Enter name of corporation; must include "INCORP	work, Inc	
(Enter name of corporation; must include "INCORP "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	'ORATED," "COMPANY," "CORPORATION,"	
NCN		
(If name unavailable in Florida, enter alternate corpo	orate name adopted for the purpose of transacting business in Florida)	
2. DelAWARE	3. 20-3642888	
(State or country under the law of which it is incorpo	orated) 3. 20-3642888 (FEI number, if applicable)	
4. 21-NOV 2005	5. Perpetupi (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6		
	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability)	
<u>.</u>		
7. 1535 Moaningside Principal	Inffice address)	
Mount Dora FL (Current n	270C7	
(Current n	mailing address)	Ų
·	\$ 5 b	
8. Advernsing Sales An	e state or country to be carried out in state of Florida)	m
(Purpose(s) of corporation authorized in home	e state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered as	igent: (P.O. Box NOT acceptable)	
Name: Gregory Darl	<del></del>	
Office Address: 547 A Steeler	Roso	
Apolea	, Florida <u>32</u> <b>703</b> (Zip code)	
(City)	(Zip code)	
10 Desistand scentile secontance		

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 abligations 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.

Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NARROWCASTING NETWORK 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-FIRST DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NARROWCASTING NETWORK INC" WAS INCORPORATED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2005.



Warriet Smith Windsor, Secretary of State
Harriet Smith Windsor, Secretary of State

DATE: 11-21-05

4026807 8300

050948177