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(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:
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SECHE LARY OF STATE

T. Burn Disc. 16 2009,

COVER LETTER

то:	ΓO: New Filing Section Division of Corporations							
SUBJ	ест: <u>///</u>	CHE VIDE	EO PRO	DUCTS, INC ion - must include suffix)	•			
Dear S	ir or Madam:		•	,				
"Certif		nce," and check ar		r Authorization to Transac register the above referen	et Business in Florida," eed foreign corporation to			
Please	return all corre	espondence concer	ning this matte	er to the following:				
	ARL F	OWLE	9					
			(Name	of Person)				
N	CHE	VIDEO PI	RODUCT	5, INC.				
13:	39 CH	INTON R	(Firm/C	of Person) SINC. Company) SUITE B dress)				
			(Ad	dress)				
M	ARIET	TA, GA	300	066				
		•	(City/State	e and Zip code)				
For fu	ther information	on concerning this	matter, please	call:				
CL	RIF	OWIFR	at (77 0	499-18	99			
	(Name of Po	erson)	(Area	1 Code & Daytime Telepho	one Number)			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			SS:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a check f	or the following an	nount:					
\$70	0.00 Filing Fee	□\$78.75 Filin Certificate		S78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2009

CARL FOWLER 1339 CANTON ROAD STE B MARIETTA, GA 30066

SUBJECT: NICHE VIDEO PRODUCTS, INC.

Ref. Number: W09000052899

We have received your document for NICHE VIDEO PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,550.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 509A00037198

(770) 459 1897

For copy of Letter

12-7-9
2:50

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORI REIGN CORPORATION TO TRANS			,
(Enter name of c	Evine PRODUC corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	<i>Ts, INC</i> ated," "Come	PANY," "CORPORATION,"	C I PH 4: 33 IAR OF STATE IASSEE, FLORIDA
•	lable in Florida, enter alternate corporate	•	· ·	s in Florida)
2. <u>GEOR</u>	under the law of which it is incorporated	3	58-1966025	
(State or country	under the law of which it is incorporated	d)	(FEI number, if applicable)	
	19/1991		PERPETUAL	
Date	e of incorporation)	(Duratio	on: Year corp. will cease to exist or '	'perpetual")
6	MARCH 2002			
	(Date first transacted bus (SEE SECTIONS 607.1501 &	•	. •	
7. <u>1339 (</u> SAME	(Principal offi	B , MA	ARIETTA, GA. 30	066
	(Current maili	ng address)		ner dan be Prince Communication and COM Prince Communication (Inc. 1884)
	OF PROFESSIONAL s) of corporation authorized in home state			NG EGUI RM ENT
9. Name and stree	et address of Florida registered agent	t: (P.O. Box <u>N</u>	OT acceptable)	
Name:	KARIM MITEF	<u> </u>		
Office Address:	7687 CLUBHOUSE	ESTATES	DR.	
	ORLANDO	. Fl	orida <u>32819</u>	
	(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 um 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. DIRECTORS	
Chairman:	
Address:	7 20 20 A
Vice Chairman:	ASSA
Address:	mo m
12.7	⇒''' ω
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ANNE R. FOWLER	
Address: 4403 WWDCHME WA	
KENNESAW, GA. 30152	- MARIETTA, GA. 30066
Vice President: CARL E. FOWLER	
Address: 4403 WINDCHME WAY	- NW 1339 CANTON RD, STEB
KENNESAN GA. 30150	- MARIETTA, GA., 30066
Secretary: CARL E. FOWLER	
Address: 1339 CANTON ROAD, SUITE	R MARIETTO CA ROALL
· · · · · · · · · · · · · · · · · · ·	, / IANIE/IT, SA, 30000
Treasurer: ANNE R. FOWLER	
Address: 1339 CANTON ROAD, SUITE	B, MARIETIA, 6A. 30066
NOTE: If nonnew you was attach as added to the soulist	adian linking a lithianal off and the transfer
NOTE: If necessary, you may attach an addendure to the applic	ation listing additional officers and/or directors.
13. (Signature of Director or Officer listed in a	number 12 of the application)
11 CARI F FOULTO	number 12 of the application;
(Typed or printed name and capacity of	person signing application)