

F100000000705

(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



500167686375

RECEIVED

10 FEB 10 AM 10:38

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 10 PM 3:26

B. KOHR

FEB 10 2010

EXAMINER



'CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 278198 7379988

AUTHORIZATION :

COST LIMIT : \$ 70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 PM 3:26

ORDER DATE : February 8, 2010

ORDER TIME : 9:46AM

\*\*PLEASE FILE 2ND.

ORDER NO. : 278198-010

CUSTOMER NO: 7379988

FOREIGN FILINGS

NAME: NEW EMPIRE ENTERTAINMENT  
INSURANCE SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: \_\_\_\_\_

**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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 10 PM 3:26

1. **New Empire Entertainment Insurance Services, 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. **California**

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

3. **20-2783120**

(FEI number, if applicable)

4. **April 26, 2005**

(Date of incorporation)

5. **Perpetual**

(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)

7. **521 Palos Verdes Dr West, Palos Verdes Estates, CA 90274**

(Principal office address)

**521 Palos Verdes Dr West, Palos Verdes Estates, CA 90274**

(Current mailing address)

8. **Any lawful activity for which a corporation may be organized**

(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:

**Corporation Service Company**

Office Address:

**1201 Hays Street**

**Tallahassee**

(City)

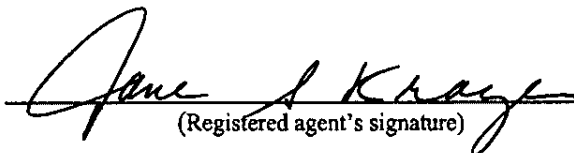
, Florida

**32301**

(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)

**Jane S. Kraye, Assistant VP**

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: See attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Andrea Abad

(Signature of Director or Officer listed in number 12 of the application)

14. Andrea Abad, director

(Typed or printed name and capacity of person signing application)

**APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**12. Names and Business addresses of officers and/or directors:**

**A. DIRECTORS**

Andrea Abad, director  
521 Palos Verdes Dr West  
Palos Verdes Estates, CA 90274

Bradley P. Hodges, director  
521 Palos Verdes Dr West  
Palos Verdes Estates, CA 90274

**B. OFFICERS**

Andrea Abad, President  
521 Palos Verdes Dr West  
Palos Verdes Estates, CA 90274

Bradley P. Hodges, Vice President, Secretary, Treasurer  
521 Palos Verdes Dr West  
Palos Verdes Estates, CA 90274

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

NEW EMPIRE ENTERTAINMENT INSURANCE SERVICES, INC.

FILE NUMBER: C2744250  
FORMATION DATE: 04/26/2005  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 09, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State