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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

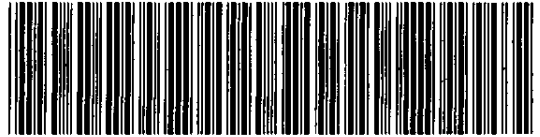
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAR 22 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Vizada, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara Spencer

Name of Person

Vizada, Inc.

Firm/Company

2600 Tower Oaks Boulevard, Suite 700

Address

Rockville, MD 20852

City/State and Zip code

barbara.spencer@vizada.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Spencer

Name of Person

at (301) 838-7760

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1. Vizada, 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 3. 510408964
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 23, 2001 5. 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)

7. 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852
(Principal office address)

2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852
(Current mailing address)

8. satellite communication services
(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: Eric Verheylewegen

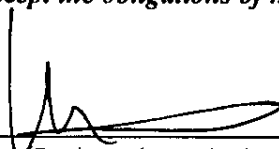
Office Address: 12555 Orange Drive, Suite 267

Davie, Florida 33330
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)

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: Michael Collins

Address: Mobsat SAS

28 rue de l'Amiral Hamelin, 75016 Paris, France

Vice Chairman: _____

Address: _____

Director: Mark Ellison

Address: Mobsat SAS

28 rue de l'Amiral Hamelin, 75016 Paris, France

Director: Robert M. Baker

Address: c/o Vizada, Inc.

2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

B. OFFICERS

President: Robert M. Baker

Address: Vizada, Inc., 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

Vice President: Kellie Kim

Address: Vizada, Inc., 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

Vizada, Inc., 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

Secretary: Barbara Spencer

Address: Vizada, Inc., 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

Treasurer: Robert M. Baker

Address: Vizada, Inc., 2600 Tower Oaks Boulevard, Suite 700, Rockville, MD 20852

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. Barbara Spencer, Secretary, Vizada, Inc.

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

Delaware

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The First State

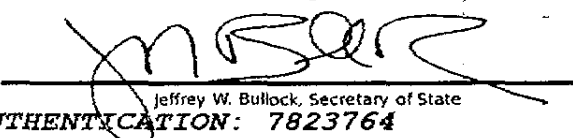
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIZADA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2010.

3360826 8300

100144874

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7823764

DATE: 02-19-10