

To: FL Department of State  
Subject: 000638.12277

Division of Corporations

from: K. M. S. (back)

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

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Account Number : 110450000714  
Phone : (850) 222-1173  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
TIGER JET NETWORK, INC.**

Certificate of Status	0
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D. A. WHITE

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

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SECRETARY OF STATE  
TALLAHASSEE, 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. Tiger Jel Network, 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. 77-0440102**

(FBI number, if applicable)

**4. September 28, 1988**

(Date of incorporation)

**5. perpetual**

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

**6. [upon registration]**

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

**7. 1250 Oakmead Parkway, Sunnyvale, CA 94085**

(Principal office address)

**5700 Georgia Avenue, West Palm Beach, FL 33405**

(Current mailing address)

**8. provides software support**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island**

**Plantation**

(City)

**Florida 33324**

(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.*

**Judith B. Argen  
Asst. Secretary & V. President**



(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.**

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Y.W. Sing

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

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

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

Director: Stanley Lo

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

Director: Julia Chow

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

B. OFFICERS

President: Y.W. Sing (Chief Executive Officer)

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

Vice President: Stanley Lo

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

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

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

Treasurer: Julia Chow (Chief Financial Officer)

Address: 1250 Oakmead Parkway, Sunnyvale, CA 94085

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. Y W SING, PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**TIGER JET NETWORK, INC.**

**FILE NUMBER:** C1990346  
**FORMATION DATE:** 09/26/1996  
**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 April 01, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State