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To: FL Dept of State  
Subject: 00000039435  
Division of Corporations

From: Kathy Workman

Tuesday, July 27, 2010 2:51 PM

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

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From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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

FOREIGN PROFIT/NONPROFIT CORPORATION  
AMAGIC HOLOGRAPHICS, INC.

Certificate of Status	0
Certified Copy	0
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**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. AMAGIC HOLOGRAPHICS, 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. 95-4409208**

(FEI number, if applicable)

**4. 02/18/1993**

(Date of incorporation)

**5. P**

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

**6. n/a**

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

**7. 885A TELLEVAST ROAD, SARASOTA, FL 34243**

(Principal office address)

**SAME**

(Current mailing address)

**8. HOLOGRAPHICS**

(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: **J. MICHAEL RIVERA**

Office Address: **885A TELLEVAST ROAD**

**SARASOTA**

(City)

, Florida **34243**

(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)

**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: SAMMY CHEN

Address: 7152 PATTERSON DRIVE  
GARDEN GROVE, CA 92841

Vice Chairman: ALEX KUO

Address: 7152 PATTERSON DRIVE  
GARDEN GROVE, CA 92841

Director: DANIEL KUO

Address: 7152 PATTERSON DRIVE  
GARDEN GROVE, CA 92841

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

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

B. OFFICERS

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

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. 

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

14. SAMMY CHEN, DIRECTOR

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

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

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

AMAGIC HOLOGRAPHICS, INC.

**FILE NUMBER:** C1841571  
**FORMATION DATE:** 02/18/1993  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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 June 16, 2010.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State