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7. 2 July 7. 2011

COVER LETTER

TO:	New Filing Section Division of Corporations
CUDI	ECT: Absolute Exhibits, Inc
SUDA	Name of corporation - must include suffix
Dear S	Sir or Madam:
"Certi	iclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
Todd l	Koren
	Name of Person
Absol	ute Exhibits, Inc
	Firm/Company
1382	Valencia Ave Suite H
	Address
Tustin	, CA 92780
	City/State and Zip code
tkoren	@absoluteexhibits.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call: Ferguson Name of Person Area Code & Daytime Telephone Number 5
Dane	Ferguson at (714) 685-2837
	Ferguson Name of Person at (714) 685-2837 Area Code & Daytime Telephone Number or
	STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section
Division of Corporations Division of Corporations	
	Clifton Building P.O. Box 6327
	2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclos	sed is a check for the following amount:
□\$	70.00 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, 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. Absolute Exh		
	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavail	lable in Florids enter observate corporate nom	e adopted for the purpose of transacting business in Florida)
	nable in Florida, enter alternate corporate nam	,
2. California	3	·
•	under the law of which it is incorporated)	(FEI number, if applicable)
4. July 19,2000		perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. October 1, 20	011	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7. 1382 Valencia	Ave Suite H, Tustin, CA 92780	
	(Principal office ad	ldress)
1382 Valencia	Ave Suite H, Tustin, CA 92780	
ed accumula gene" (414-1418) ethen edmynynynggyeranen m	(Current mailing ad	Idress)
8. Opening an of		
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Floridal:
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Corporation Service Company	O. Box NOT acceptable)
Office Address:	1201 Hays Street	4 7 g
	Tallahassee	, Florida 32301
	(City)	(Zip code)
Having been nam designated in this further agree to co and I am familiar	application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my dutie osition as registered agent.
	Corporation Service Company	Rosemarie Gagliardino
E	By: NOUNUAL LAGUA (Registered agent's signature	rain Assistant VP
_	(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: Vice Chairman: Address: ___ Address: ___ **B. OFFICERS** President: Todd Koren Address: 1382 Valencia Ave Suite H Tustin, CA 92780 Vice President: Jan Koren 1382 Valencia Ave Suite H Address: Tustin, CA 92780 Treasurer: Address: _ _ **NOTE:** If necessary, you may attach/an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Jan Koren

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ABSOLUTE EXHIBITS, INC.

FILE NUMBER:

C2194785

FORMATION DATE:

07/19/2000

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

NII NOV 15 AM III: 46

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 November 07, 2011.

DEBRA BOWENSecretary of State