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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: UNIVERSAL SPACE NETWOR	RK, INC.	
Name of corporation - must i	nclude suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flo	d check are submitted to regist	
Please return all correspondence concerning this matter to the fo	ollowing:	
JOANNE GREET		
Name of Person		
UNIVERSAL SPACE NETWORK, INC.		
Firm/Company		
1501 QUAIL STREET, SUITE 102		
NEWPORT BEACH, CA 92660		
City/State and Zip c	ode	
pdesantis@uspacenet.com		
E-mail address: (to be used for future	e annual report notification)	
For further information concerning this matter, please call:		
at (I-0127	
Name of Person Area Code &	Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	DIVISION OF CORPORATION 2011 NOV 21 PM 1: 11
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		Filing Fee, ate of Status &

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.	Universal Space Network Inc	_		_		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")					
	(If name unavailable in Florida, enter alternate corporate	name	adopted for the purpose of transacting business i	n Florida)	<u>-</u>	
2.	California	3.	33-0719451			
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)		_	
4.	4/1996	5.	Perpetual			
	(Date of incorporation)	_	(Duration: Year corp. will cease to exist or "pe	rpetual")	_	
6.					_	
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
			•			
7.	400 Airglades Blvd., Clewiston, FL 33 (Principal offic			<u> </u>	_	
	·					
	(Current mailin	ıg adı	dress)		_	
	·	_	•			
8.	Building Satellite Earth Tracking Sta	tior	າ	<u>~</u>	ڪ	
	(Purpose(s) of corporation authorized in home state	e or c	ountry to be carried out in state of Florida)		Vis	
9.	Name and street address of Florida registered agent:	(P.	O. Box NOT acceptable)	I S AON I'II	22 22 22 23 23 24	
	Name: NRAI Services, Inc		<u></u>		FRY COL	
О	ffice Address: 515 E Park Avenue			2	Y OF 5 (A URPOKA)	
	Tallahassee		, Florida 32301		AHE	
	(City)		(Zip code)	- •	- 7	

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	SECRETARY OF STATE OF STATE						
Chairman: ERIC ZAHLER	2811 NOV 21 PM 1: 12						
Address: 1501 QUAIL STREET, SUITE 102, NEWPORT BEACH CA 92660							
Vice Chairman:							
Address: NEWPORT BEACH CA 92660							
Director: JAMES CUMINALE							
dress: 1501 QUAIL STREET, SUITE 102, NEWPORT BEACH CA 92660							
Director: MICHAEL HAMEL							
Address: 1501 QUAIL STREET, SUITE 102, NEWPOR	T BEACH CA 92660						
B. OFFICERS							
President: ANITA PRIMO	Carlos Maria in the annual communication of the Com						
Address: 1501 QUAIL STREET, SUITE 102	ogialistici de la chistogra describilistici de						
NEWPORT BEACH CA 92660							
Vice President: ANTHONY POLIZZI							
Address: 1501 QUAIL STREET, SUITE 102,							
NEWPORT BEACH CA 92660							
Societary: ANITA PRIMO .	Manager annual bases of the same and the sam						
Address: 1501 QUAIL STREET, SUITE 102, NEWPORT BEACH C	A 92660						
Treasurer: ANITA PRIMO	······································						
Address: 1501 QUAIL STREET, SUITE 102, NEWPORT BEACH C	()						
NOTE: If necessary, you may attach an addendum to the application listing addit	ional officers and/or directors.						
13.							

14. ANTHONY POLIZZI, VICE PRESIDENT

third degree felony as provided for in \$.817.155, F.S.

(Typed or printed name and capacity of person signing applie

State of California Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

UNIVERSAL SPACE NETWORK, INC.

FILE NUMBER:

C1967332

FORMATION DATE:

04/25/1996

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 November 16, 2011.

> **DEBRA BOWEN Secretary of State**