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		(Requestor's Name)	
		(Address)	
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		(City/State/Zip/Phone #)	
	PICK-L	JP MAIT	MAIL
		(Business Entity Name)	
		(Document Number)	
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	Special instruction	ns to Filing Officer:	
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1		Office Use Only	



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SECRETARY OF STATE DIVISION OF CORPONATION 12 MAR 26 PM 12: 25

PS 3/27/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Scholo Seevices	Twe
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact busing the enclosed of the enclosing state of the enclosed o	inding" and check are submitted to register the
Please return all correspondence concerning this matti	er to the following:
William R. SAIN	1
Name o	f Person
Studio Seevi CES Firm/Co	(a) (
Firm/Co	mpany
14002 Balloon Blv	\mathcal{A}
Add	ress
Add 5 y mar. Ca City/State	91342
City/State	and Zip code
rsaino Studio SERVI	ES. COM
E-mail address: (to be used	ES, COM for future annual report notification)
For further information concerning this matter, please	
Name of Person at (818)	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy \$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. (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) (State or country under the law of which it is incorporated)

3. 95-3177 137

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) #7 Davie Floreda 3331+
(Principal office address) Same AS above (Current mailing address) (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) PANNY r. 1Ayr.

7320 West Country Club Blvd

Rus Pation , Florida 33487

(Zip code) Name: Office Address: 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.

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.

A. DIRECTORS Chairman: Howard D. Buck 12 MAR 26 PM 12: 25 Address: J433 Closs wind 5 Newhall, CA 91321 Vice Chairman: Address: Director: Address: B. OFFICERS President: W. Pandolph Sain A Address: J3511 Heritage Oak Court Newhall, CA 91321 Vice President: Address:
Address: 2423 Closs wind s Newhall Ca 91321 Vice Chairman: Address: Director: Address: B. OFFICERS President: U. Pandoph Sain Address: 13511 Heartage Oak Court Newhall Ca 91321 Vice President:
NEW hall, CA 91321 Vice Chairman: Address: Director: Address: B. OFFICERS President: U. Pandolph Sain Address: Address: Address: Address: Address: Address: Address: Address: President: Address: Addr
NEW hall, CA 91321 Vice Chairman: Address: Director: Address: B. OFFICERS President: U. Pandolph Sain Address: Address: Address: Address: Address: Address: Address: Address: President: Address: Addr
Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: Vice President: Vice President: Vice President:
Address: Director: Address: Director: Address: B. OFFICERS President: Address: Address: Address: Director: Address: A
Director: Address: Director: Address: B. OFFICERS President: Address:
Director: Address: Director: Address: B. OFFICERS President: W. Pandoph Sair Address: Address: Address: Address: 13511 Heartage Oak Court Newhall, Ca 91321 Vice President:
Director: Address: B. OFFICERS President: W. Randolph Sain Address: Address: Address: Address: Address: Address: Oak Court Newhall (a 91321) Vice President:
Director: Address: B. OFFICERS President: W. Pandolph Sair Address: Address: Address: Newhall, Ca 91321 Vice President:
Director: Address: B. OFFICERS President: \[\textstyle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address: B. OFFICERS President: W. Pandolph Sain Address: 13511 Heatage Oak Court Newhall, Ca 9132 1 Vice President:
B. OFFICERS President: W. Pandolph Sain Address: 13511 Heartage Oak Court Newhall, Ca 91321 Vice President:
President: W. Pandolph Sain Address: 13511 Heritage Oak Court Newhall, Ca 91321 Vice President:
President: W. Pandolph Sain Address: 13511 Heritage Oak Court Newhall, Ca 91321 Vice President:
Address: 23511 Heartage Oak Court Newhall, Ca 91321 Vice President:
Newhall, Ca 91321 Vice President:
Vice President:
Address:
Secretary: SANDRAK BUCK
Address: 24233 Crosswinds NEWhall, CA 91321
Treasurer: W Randolph San N
Address: 23511 Heari Tage DAKE Cours NEWhall, CA 91321
NOTE: If necessary, you may altach an addendum to the application listing additional officers and/or directors.
13. Olok Lan
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. (Typed or printed name and capacity of person signing application)

State of California Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAR 26 PM 12: 25

CERTIFICATE OF STATUS

ENTITY NAME:

STUDIO SERVICES, INC.

FILE NUMBER:

C0831564

FORMATION DATE:

11/08/1977

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 March 07, 2012.

DEBRA BOWEN
Secretary of State