PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR FILED 00 NOV 28 PM 4: 10 F97000004097 DOCUMENT # 1. Corporation Name SECRETARY OF STATE NETWORKS TELEPHONY CORPORATION Principal Place of Business Mailing Address 1320 E FRANKLIN AVE 2100 E. GRAND AVE. EL SEGUNDO CA 90245 EL SEGUNDO CA 90245 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 08/04/1997 Suite Apt # etc. Suite, Apt. #, etc. 26630 AGOURAROAD 5. FEI Number 26630 AGOURA ROA Applied For 95-4605406 Not Applicable CALABASAS ALABASAS. CA \$8.75 Additional Fee required Country Country 91302 91302 U SA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors -Manhattan Beach CA 90200 -121-7TH-ST. Ρ PERREN, WILLIAM CALABASAS, CA 91302 26630 AGOURA ROAD SAMIR STAVRO PALOS VERDES ESTATES GA 90274 C 2829 VIA LA SELVA COLLAZO: JOSE-EL SEGUNDO CA 40245 JEAN-NOEL MONETON 2160 E GRAND AVENUE LONDON WITH OHO LANDMAN, MARTIN- OG WIGMORE ST: D 2160 E GRAND AVENUE PAUL CHALLEBERG EL SEGUNDO CA 90245 LONDON WITH OHO-66 WIGMORE ST. D NAHON: LEON R -EL SEGUNDO CA 90245 2160 E GRAND AVENUE KENFELDERSTEIN 6542 OCEAN CREST #C101 PALOS VERDES CA 90275 ST CAMBARO, ERNEST U-PAUL GALLEBERG EL SEGUNDO 90245 2160 E GRAND AVENUE TRGAS: 26630 AGOURA ROAD URER SANO IRWIN N 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 00003499661--0 1201 HAYS STREET Suite, Apt. #, Etc. -12/13/00--01065--001 TALLAHASSEE FL 32301-2525 ****150.00 r****150.00 10. I, being appointed the legistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees ow d by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

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November 2, 2000

Florida Department of State Secretary of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Madam:

APPLICATION FOR REINSTATEMENT DOCUMENT NUMBER F97000004097

This office has since received a Notice of Administrative Dissolution. On approaching your office the undersigned was informed that the Notice was issued due to this corporation's failure to file the Uniform Business Report due on May 01, 2000. It is submitted that forms for filing the requisite report were never received by this office. However, the requirement has been noted for future compliance. Meanwhile, the Application for Reinstatement together with a fee of \$150.00 (Annual Report Fee: \$61.25 and Corporate Supplemental Fee: \$88.75) is submitted herewith with a request that the corporation be reinstated.

Yours sincerely,

Lekh R Datt

Controller

Encl: Application for Reinstatement Check No: 3930 for \$150.00