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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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-03/27/98--01094--001
*****78.75 *****78.75

SUBJECT: Nation Builders Network, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CARLISLE JOHN PETERSON
(Name of Person)

NATION BUILDERS NETWORK INC.
(Firm/Company)

P.O. Box
#574244, ORLANDO FL
(Address)

32807
(City, State and Zip Code)

98 MAR 27 PM 2:09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

CARLISLE JOHN PETERSON at (407) 671-5278
(Name of Person) Area Code & Daytime Telephone Number

mtu
3/27

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Not For Profit

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. NATION BUILDERS NETWORK INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. OKLAHOMA 3. 73-1144612
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/17/82 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. PO BOX 574244 ORLANDO FL 32807

(Current mailing address)

8. ANY & ALL LAWFUL PURPOSES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: CARLISLE JOHN PETERSON

Office Address: 5409 ENDICOTT PL

OVIEDO FL 32765, Florida, _____
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: CARLISLE JOHN PETERSON

Address: 5409 ENDICOTT PL
OVIEDO FL 32765

Vice Chairman: LOUELLA PETERSON

Address: 5409 ENDICOTT PL
OVIEDO FL 32765

Director: MICHAEL LATTIBOUDEAIRE

Address: 4504 WILLA CREEK DR SUITE 211
WINTER SPRINGS FL 32708

Director: ARLIN L. BEST

Address: 1003 DUSTIN DR, EDMUND OK 73003

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

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]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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OFFICE OF THE SECRETARY OF STATE



AMENDED/NOT FOR PROFIT
CERTIFICATE OF INCORPORATION

WHEREAS, the Amended Certificate of Incorporation of,

NATION BUILDERS NETWORK, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

98 MAY 27 PM 2:09
SECRETARY OF STATE
DIVISION OF INCORPORATIONS



Filed in the City of Oklahoma City this 6TH
day of MAY, 1997.

Secretary of State

By:

[Signature]
[Signature]