Examiner's Initials

222-1173		
FILING COVER SHEET ACCT. #FCA-14		
CONTACT:	CINDY HICKS	5000029719452 -08/27/9901036024
DATE:	8.27.99	*****78.75 ******78.75
REF. #:	0396.8080	
CORP. NAME:	Amper Technolo	ogy Ventures Inc
		99
	( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	() LIMITED LIABILITY () WITHDRAWAL () UCC-3  POR \$ 79.155 PARTIN NO. 27  FOR \$ 79.155 PARTIN NO. 27
	COST L	LIMIT: \$
PLEASE RETURN: (()) CERTIFIED COPY (	) CERTIFICATE OF GOOD STANDING	( ) PLAIN STAMPED 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.	AMPER TECHNOLOGY VENTURES, INC.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of	-					
2.	natural person or partnership if not so contained in the name at present.)  Delaware						
۷.	(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4.	09/16/98 5. Perpetual (Duration: Year corp. will cease to exist or	. Ing					
	(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.	21 Sprucewood, Aliso Viejo, California 92656						
	(Current mailing address)	70					
8.	Venture activities in connection with telecommunication industries.	ज्ञास					
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)						
9.	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)						
	Name: NRAI Services, Inc.						
	Office Address: 526 E. Park Avenue						
	Tallahassee , Florida , 32301 (Zip Code)	:- 4:148					
10	Registered agent's acceptance:						
ce re al	twing been named as registered agent and to accept service of process for the above stated rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent.	_					

(Registered agent's signature)

C. Baclet, Vice President

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: N/A Address: Vice Chairman: N/A Address: Director: Jaime Martorrell Address: Calle Torre Laguna, 75 28027 Madrid Spain Director: Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Jaime Martorrel Address: Calle Torre Laguna, 75 28027 Madrid Spain Vice President: Anthony Leone Address: 21 Sprucewood Aliso Viejo, CA 92656 Secretary: Anthony Leone Address: 21 Sprucewood Aliso Viejo, CA 92656 Treasurer: Anthony Leone Address: 21 Sprucewood Aliso Viejo, CA 92656 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Anthony Leone, Vice President (Typed or printed name and capacity of person signing application)

# State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMPER TECHNOLOGY VENTURES, INC." OF DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMPER TECHNOLOGY VENTURES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9937557

991353833

2945495

ATE:

08-24-99

Examiner's Initials

FILING COVER SHEET ACCT. #FCA-14		
CONTACT:	CINDY HICKS	5000029719452 -08/27/9901036024
DATE:	8.27.99	************************************
REF.#:	0396.8080	
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	() TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER ATION () UCC-1  D WITH CHECK# 5756  R ACCOUNT IF TO BE DEBIT	() LIMITED LIABILITY () WITHDRAWAL () UCC-3  FOR \$ 78.75 CE   PRECE   PRECE
PLEASE RETURN:		
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2.	Delaware  (State or country under the law of which it is incorporated)  (FEI number, if applicable)	
4.	09/16/98  5 Perpetual  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	<b>Š</b> :
6.	Upon Qualification  (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	21 Sprucewood, Aliso Viejo, California 92656	<b>5</b> .7
	(Current mailing address)	. TB. TT.
8	Venture activities in connection with telecommunication industries.  (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: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: NRAI Services, Inc.	-18° -
	Office Address: 526 E. Park Avenue	1" 12
10.	Tallahassee , Florida , 32301 (Zip Code)	ran -
	aving been named as registered agent and to accept service of process for the above stated or properties at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of	

FL019 - CT System Online

incorporated.

, 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	N/A	
Address:		99 100 27
		8 93/
Vice Chai	rman: N/A	7
Address:		- 23 Sept
Dimente	Yeine Marken II	
	Jaime Martorrell	
Address:	Calle Torre Laguna, 75	<u> </u>
	28027 Madrid Spain	
Director:	- :.	· · · · · · · · · · · · · · · · · · ·
Address:		<u>、 amag</u> m. Whiteliga a mga a mga a mga a mga - Mga ( ) (2) U
B. OFFI	CERS (Street address only- P. O. Box NOT acceptable)	÷
President:	Jaime Martorrel	
Address:	Calle Torre Laguna, 75	
	28027 Madrid Spain	
Vice Presi	dent: Anthony Leone	
	21 Sprucewood	
	Alico Vieio CA 92656	
Secretary	Anthony Loons	
•	21 Sprucewood	····································
Address:	11. 37	
		= ' - <u>18633-18</u>
	Anthony Leone	ー
Address:	21 Sprucewood	The second secon
	Aliso Viejo, CA 92656	
NOTE: I	f necessary, you may attach an addendum to the application listing additional	
officers an	d/or directors.	
12	1 War Danie	
13(Si	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	The second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section o
A41	any Loone Wice Durgident	
14. Antho	ony Leone, Vice President  (Typed or printed name and capacity of person signing application)	Ny samon ao Sy na Caire

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Edward J. Freel, Secretary of State

AUTHENTICATION:

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