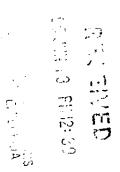
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ACCOUNT NO. : 072100000032

REFERENCE :

423719

4343687

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: June 13, 2005

ORDER TIME : 10:53 AM

ORDER NO. : 423719-005

CUSTOMER NO: 4343687

CUSTOMER: Alan S. Gassman, Esq

Gassman, Bates & Associates,

Suite 102

1245 Court Street Clearwater, FL 33756

FOREIGN FILINGS

NAME: ENHANCED SERVICES

INTERNATIONAL, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER:

SIM & BALLS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 13, 2005

CSC

ATTN: JEANINE REYNOLDS

SUBJECT: ENHANCED SERVICES INTERNATIONAL, L.L.C.

Ref. Number: W05000029111

We have received your document for ENHANCED SERVICES INTERNATIONAL, L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 905A00041010

65 JUN 16 AT 8: 4.1

ASSOCIATION OF THE PARTY OF THE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>LIMITED LIABILITY COMPANY TO TRANSACT BUSINES</i> 1 ENHANCED SERVICES INTERNATIONAL, L.L.		TATE OF FLORIDA:
(Name of Foreign 1		ability Company)
2. DELAWARE	3	20-2961530
(Jurisdiction under the law of which foreign limited l company is organized)		(FEI number, if applicable)
4. DECEMBER 16, 2002	5.	PERPETUAL
(Date of Organization)	,	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing		
(Date first transacted busin (See sections 608.501 & 608	ess in Flor 3.502 F.S. t	ida, if prior to registration.) to determine penalty liability)
7 708 E. TARPON AVENUE, SUITE 5, TARPON	SPRING	S, FL 34689
		
(Street	Address o	f Principal Office)
8. If limited liability company is a manager-m	nanaged o	company, check here
9. The name and usual business addresses of t	the mana	ging members or managers are as follows:
LUK VONGPRACHANH		
708 E. TARPON AVENUE, SUITE 5		
TARPON SPRINGS, FL 34689		
	photocopy	ays old, duly authenticated by the official having custody of records in is not acceptable. If the certificate is in a foreign language, a litted.)
11. Nature of business or purposes to be cond	ucted or	promoted in Florida: Collection of royalties and
commissions on trademark/patented phase cal	ds.	
(In accordance with section 608	3.408(3), F.S	horized representative of a member. 3., the execution of this document constitutes by that the facts stated herein are true.)
ALAN S. GASSMAN, AUT		<u> </u>
Typed or	printed:	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name	ne of the Limited Liability Company is:	
ENHANCED S	SERVICES INTERNATIONAL, L.L.C.	
?. The name	ne and the Florida street address of the registered agent and office are:	
	ALAN S. GASSMAN	
	(Name)	
	1245 COURT STREET, SUITE 102	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	CLEARWATER FL 33756	
	City/State/Zip	
iability comp agent and agr relating to the	n named as registered agent and to accept service of process for the above stated lin npany at the place designated in this certificate, I hereby accept the appointment as agree to act in this capacity. I further agree to comply with the provisions of all state the proper and complete performance of my duties, and I am familiar with and accept of my position as registered agent as provided for in Chapter 608, Florida Statutes.	registered utes ot the

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENHANCED SERVICES INTERNATIONAL, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENHANCED SERVICES INTERNATIONAL, L.L.C." WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2002.

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

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3890659

DATE: 05-19-05

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