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Requestor's Name 660 East Jeffersor	street			
Address Tallahassee, FL 3	32301	_	100025427	7555 <u></u> 5
City State Zip	Phone	30	-06/0179801 ****337.50	087019 ****337.50
CORPORAT	TION(S) NAME		************************************	
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Name Availability Document Examiner	6/1/9 Vernotes	8 PLEASE	RETURN EXTRA CO. FILE STAMPED THANKS JOEY	PY(S)
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CR2E031 (1-89)

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 REGISTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Phonecard Express, LLC (Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.) Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) May 15, 1998 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon registration of entity (Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.) 7. 3595 Sheridan STreet, #109 Hollywood, Florida 33021 (Street address of principal office) 8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLES Magnet, LLC, MGRM 7 Chamber Drive Washington, MO

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

SENT BY:

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.

ΗI.	ORIDA.					
١.	The name of the Limited Liability Company is:					
	Phonecard Express, LLC					
2.	The name and the Florida street address of the registered agent and office are:					
	C T CODDODATION SYSTEM					
	(Namo)					
	1200 South Pine Island Road					
	Florida street address (P.O. Box NOT ACCEPTABLE)					
	Plantation M. 33324					
	(City/State/Zip)					
	, W					

Having been named as registered ugent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered ugent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM	CONNIE BRYAN SPECIAL ASSISTANT	:
Carrie Bura		SECRETARY
(Signature)	-	Ę.

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of	Phonecard	Exprese I
1)	the above named limited liability company has at heave not member	K one memb Delaware	ernas allowers law.
2)	the total amount of cash contributed by the member(s) is:		\$ <u>254,405</u> ;
	if any, the agreed value of property other than eash contributed by m (A description of the property is attached and made a part hereto.)	emher(s) is	\$;
4)	the total amount of cash and property contributed and anticipated to by member(s) is (This total includes amounts from 2 and 3 above.)	be contributed	\$ <u>254,405</u> .
	Signature of a member or authorized representation accordance with section 608.408(3), Florida Statutes, the examination under the penalties of perjury stated herein are true.)	cution of this	
	Peter Seidler, Authorized Representa	ative	

Filing Fee: \$250.00 for Application and Affidavit

Typed or printed name of signee

State of Delaware

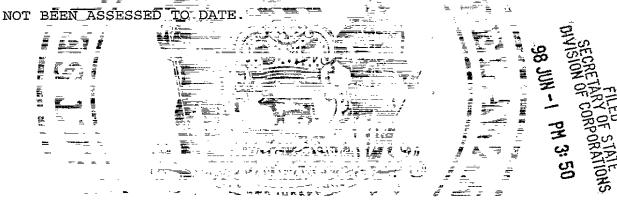
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHONECARD EXPRESS, LLC" 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 FIFTEENTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHONECARD EXPRESS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



Edward J. Freel, Secretary of State

AUTHENTICATION:

05-15-98

2896995 8300 981188356

DATE: