Filing and License Fee: \$310.00 minimum

ID Number: 10000



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

#### **BUSINESS CORPORATION**

#### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

the	ollot	wing statement:							
1.	The	name of the corporation is	Network Enhanced Tech	Network Enhanced Technologies, Inc.					
2.	It is i	ncorporated under the laws	s of California						
3.	The name, if different, which it elects to use in Rhode Island is:								
	(a)		incorporation does not contain the word "corporation," "company," then list the name of the corporation with the addition of one of the						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be application:									
4.	The o	date of its incorporation is	August 14, 1995	and the period of its duration is Perpetual					
5.	The address of its principal office in the state or country under the laws of which it is incorporated is								
	212	21 Avenue of the Stars,	, 22nd Floor, Los Angelas,	CA 90067					
_				222 Jefferson Rivd					
6.	The a	address of its proposed reg	stered office in Rhode Island is	(Street Address, not P.O. Box)					
	War	wick	RI 02888	and the name of its proposed registered agent in Rhode Island at					
		(City/Town)	(Zip Code)						
	that address is TCS Corporate Services, Inc.								
			(N	ame of Agent)					
7.	The p	ourpose or purposes which	it proposes to pursue in the tra	insaction of business in Rhode Island are:					
	Pro	vide Telecommunication	on Services						
8.		he names and respective a f which it is incorporated).	addresses of its directors (optio	nal unless directors are required under the laws of the state or country					
	U	i willcir it is incorporated).	Name	Address					
	Di	rector See Atta	<del></del>	<u>Address</u>					
		rector							
	Di	rector							
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				アルロン					

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			y of which it is i		•	tors are not required under the laws of the			
	Name					Address			
	President Vice President Treasurer		See Attached		11000				
				<del></del>					
					- · · · · · · · · · · · · · · · · · · ·				
	Se	ecretary							
9.		series, if any, v	vithin a class, is	:		ar value of shares, shares without par value,			
	4	Number of		Class	Series	Shares are without Par Value			
		0,000		Common		1.00			
				<del></del>	<u> </u>				
10.	(a)	An estimate o		all property to be ow	ned by the corporation for	the following year, wherever located, is			
	(b)	b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is $0$							
	(c)	c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is							
11.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 500,000.00								
	(b)	An estimate of Island during the	of the gross amount of business to be transacted by the corporation at or from places of business in Rhode the following year is \$						
	(c)	corporation at	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain						
12.		This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.							
13.	This thar	Application for the 90 <sup>th</sup> day af	Certificate of A ter the date of t	uthority shall be effectiv	e upon filing unless a specif	ied date is provided which shall be no later			
						ry, I declare and affirm that I have			
					examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements				
					contained herein are true and correct.				
_		4	71			11/1/1			
Dai	œ:	Ju/	(1/04			horized Officer of the Corporation			
					•	notized Officer of the Ootporation			
					Kay Kamrava				
					Type or Print	Name of Authorized Officer			

## <u>LIST OF OFFICERS & DIRECTORS OF</u> NETWORK ENHANCED TECHNOLOGIES, INC.

# **Officers**

Kay Kamrava, President

### **Directors**

Kay Kamrava

All the above referenced Officers & Directors can be reached at: 700 S. Flower Street, Suite 420, Los Angeles, California 90017

# State of California Secretary of State

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **14TH day of AUGUST, 1995, NETWORK ENHANCED TECHNOLOGIES, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 23, 2007.



**DEBRA BOWEN Secretary of State**