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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000162202	Network Enhanced Technologies, Inc.

3. Principal office address	City	State	Zip
700 S. Flower Street, Suite 420	Los Angeles	CA	90017

4. Business Phone No.	5. State of Incorporation
(213) 316-0400	California

6. Brief description of the character of business conducted in Rhode Island
Provider of Telecommunication Services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Sharoz Yroshalmiane	Vice-President Name:
Street Address: 700 S. Flower Street, Suite 420	Street Address:
City: Los Angeles / State: CA / Zip: 90017	City: / State: / Zip:
Secretary Name: Sharoz Yroshalmiane	Treasurer Name: Sharoz Yroshalmiane
Street Address: 700 S. Flower Street, Suite 420	Street Address: 700 S. Flower Street, Suite 420
City: Los Angeles / State: CA / Zip: 90017	City: Los Angeles / State: CA / Zip: 90017

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Sharoz Yroshalmiane	Director Name:
Street Address: 700 S. Flower Street, Suite 420	Street Address:
City: Los Angeles / State: CA / Zip: 90017	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	Common	$1.0000

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By

FILED
FEB 27 2012
By mnc
CK# 1018

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date: 02/15/2012

Susan Cockerham - Attorney In Fact
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

73813-26-731201