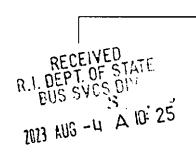


Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RIGL 7-1,2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. Entity ID Number. 2. The name of the corporation is: 001754667 AMOBEE, INC. 3. It is incorporated under the laws of 4. List the date the Certificate of Authority was issued by the RI Department of State Delaware 3/17/2023 5. If the entity's name has changed, Nexxen Inc. state the new name Check box to indicate no change 6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7. If the entity's purpose is changing complete the following section: "The new purpose should include ALL activity to be transacted in the State of Rhode Island Check the box to indicate an attachment Check box to indicate no change ✓

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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8. If there has been an inc *List ALL authorized sha		d shares of the corporation comp	plete the follo	owing section
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
				<u></u>
Check the box to indicate	an attachment		Check	k box to indicate no change
8a. An estimate, as a perc	entage, of the proport	tion that the estimated value of t		
of the corporation to be loc	cated within this state of	during the following year bears to	o the value	
of all property of the corporation to be owned during the following year, wherever (Note: Percentage obtained from worksheet.)				%
		tion of the gross amount of busin	ness to	
be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the %				
the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)				
9. If the entity's principal place of business is changing indicate the new principal address				
				-
		_ · · · ·	Check	box to indicate no change
10. As required by RIGL <u>7-1,2-105</u> , the corporation has paid all fees and taxes.				
		ation for Certificate of Authority ference into this Application for		
11. Date when the Amende	ed Certificate of Author	rity will be effective: CHECK ON	E BOX ONL	Y
Date received (Upon	filing)			
Later effective date (Date must be no more than 90 days from the date of filing)				
		t I have examined this Application at all statements contained here		
Name of Authorized Office	r of the Corporation			Date
Yaniv Carmi, President				Jul 20, 2023
Signature of Authorized Of	ficer			