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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

u & l records, inc.

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J 1/10/07

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

07 JAN -9 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

U & L RECORDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2810 Hackney Road Weston, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All General Business purposes

ARTICLE IV SHARES

The number of shares of stock is:

5000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Urband & Lazar Publishing, Inc. 2810 Hackney Road
Weston, FL 33331
Pres., Sec., Trs.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stuart A. Teller, P.A.
7320 Griffin Road, Suite 216
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Urband & Lazar Publishing, Inc.
2810 Hackney Road Weston, FL 33331


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-9-07.

Date



Signature/Incorporator

1-9-07.

Date

Urband & Lazar Publishing, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

U&L Records, Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT 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.



REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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