

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904 222 9070  
904 222 0991 FAX

800-342-8086

**P95000069392**



ACCOUNT NO. : 072100000032  
REFERENCE : 676697 162258A  
AUTHORIZATION : *Patricia Pyjuts*  
COST LIMIT : 9 78.75

ORDER DATE : September 8, 1995  
ORDER TIME : 11:11 AM  
ORDER NO. : 676697  
CUSTOMER NO: 162258A  
CUSTOMER: Mr. Homer Willis  
MADE 4 FILM, INC.  
789 Northeast 83rd Street  
Miami, FL 33138

4000001580674

FILED  
95 SEP -8 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: MADE 4 FILM, INC.

RECEIVED  
SEP 8 1995 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap  
EXAMINER'S INITIALS: SEP 8 1995 RCB

**ARTICLES OF INCORPORATION**

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95 SEP -8 PM 2: 53  
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TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

MADE 4 FILM , Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

789 NE 83RD ST.

MIAMI, FL, 33138

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10000 SHARES (TEN THOUSAND)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

HOMER L. WILLS

789 NE 83RD ST.

MIAMI, FL, 33138

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HOMER L. WILLS                      789 NE 83RD ST.  
MIAMI, FL, 33138

ALMA WILLS                            789 NE 83RD ST.  
MIAMI, FL, 33138

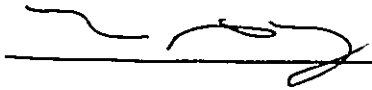
MARK GRAY                            19740 BELAIRE DR.  
MIAMI, FL, 33157

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22<sup>ND</sup> day of AUGUST, 19 95.

  
\_\_\_\_\_  
PRESIDENT  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MADE 4 FILM , Inc.

2. The name and address of the registered agent and office is:

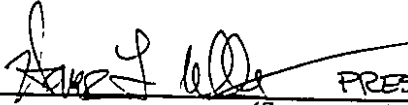
HOMER L. WILLS  
(NAME)

789 NE 83RD ST.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL, 33138  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.*

 PRESIDENT  
(SIGNATURE)

AUGUST 22, 1995  
(DATE)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMENDED  
 CORPORATION  
 ANNUAL REPORT  
 1996



RECORDS DEPARTMENT OF STATE  
 AMENDED  
 DEPARTMENT OF CORPORATIONS

DOCUMENT # *PA6000069392*  
 MADE 4 Film, Inc

**FILED**  
 96 NOV 25 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business: *12400 NE 13 Place*  
 Mailing Address: *Same*  
*NORTH MIAMI, FLORIDA 33161*

21	22	23	24	25	26	27	28	29	30	31	32
Principal Place of Business		Mailing Address		Date incorporated or qualified		Date of last report		FEE		Certificate of Status Desired	
State, Apt. #, etc.		State, Apt. #, etc.		9/8/95		6/16/96		25-0613801		Applied For	
City & State		City & State								Not Applicable	
Zip		Country		Zip		Country				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Homer L. Wills 789 NE 83 ST. Miami, FL 33138				01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code			

I1. Pursuant to the provisions of Sections 607.0 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
	Vice President	Alma Wills	789 NE 83 Street Miami, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President	MARK GRAY	19740 Boltaire DR. Miami, FL 33107
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2. TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	Homer Wills	789 NE 83 ST	MIAMI, FL 33138
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		600002019225--0	-12/04/96--01043--0016 ****61.25 ****61.25
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

I4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Homer L. Wills* DATE: *8/16/96* OR TIME PHONE: *305-899-8226*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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11/20/96