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*****35.00 *****35.00

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

500002644275--1
-09/21/98--01041--006
*****70.00 *****70.00


Re Recovery Audio Programs Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with a check in the amount of \$70.00.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



(name)

Recovery Audio Programs Inc.
(corporation)

MAILING ADDRESS OF CORPORATION

PO BOX 60862
Ft. Myers Fl. 33906
(941) 561-5616 Area Code Number Ext.

*Money
OK per
DL
9-23-98
MM*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 SEP 21 AM 8:22

FILED

ARTICLES
of
INCORPORATION

FILED
98 SEP 21 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Recovery Audio Programs Inc.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I CORPORATE NAME

The name of the corporation is:

Recovery Audio Programs Inc.

ARTICLE II DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida including but not limited to the publishing of audio programming about recovery from depressions and addictions.

ARTICLE IV CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of STOCK Dollar(s) (\$.10) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	Recovery Audio Programs Inc. C/O LYNN N. KESSELMAN	
ADDRESS	P.O.Box 60862	
CITY	Ft. Myers	FLORIDA
ZIP	33906	

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	LYNN N. KESSELMAN	
ADDRESS	13621 Eagle Ridge Drive #1516	
CITY	Ft. Myers	FLORIDA
ZIP	33912	

ARTICLE VI INITIAL BOARD OF DIRECTORS

This corporation shall have Three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. ~~(4) The names and addresses~~ of the initial director(s) of the corporation are as follows

NAME LYNN N. KESSELMAN	
ADDRESS P.O.Box 60862	
CITY Ft. Myers ZIP 33906	STATE FL
NAME Samuel Kesselman	
ADDRESS P.O.Box 60862 Fort Myers Florida 33906	
CITY Ft. Myers ZIP 33906	STATE FL.
NAME Ruth Silverman	
ADDRESS P.O.Box 60862	
CITY Ft. Myers ZIP 33906	STATE FL.

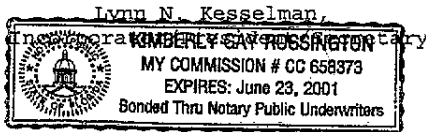
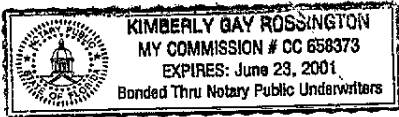
FORM 215: ARTICLES OF INCORPORATION, PAGE 1 PAGE 1

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME LYNN N. KESSELMAN	
ADDRESS P.O.Box 60862	
CITY Ft. Myers, ZIP 33906	STATE FL

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 18 day of September 1998

[Handwritten Signature]



Lynn N. Kesselman,

 STATE OF FLORIDA)
 ss COUNTY OF Lee)

D# K245 531 39 2180

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Lynn N. Kesselman

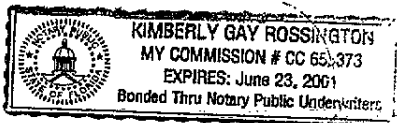
[Handwritten Signature]

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that Lynn M. Kestelmann executed these Articles of incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 19th day of September, 19

(Notary Seal) (Notary Public, State of Florida at Large)

My Commission expires: 6/23/2001



Kimberly Gay Rossington

