L01000005472

Requester's Name	
Address	100003890751 -03/21/0101088008
City/State/Zip Phone #	****185.00 ****160.0
	Office Use Only
RPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
■ Walk in ■ Pick up time Mail out ■ Will wait	Certified Copy Photocopy Certificate of Status
W FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
HER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 26, 2001

CHERI MELCHIONE 2598 ROBERT TRENT JONES DRIVE, SUITE 103 ORLANDO, FL 32835

SUBJECT: DREAMCATCHERS PRODUCTION Ref. Number: W01000006714

We have received your document for DREAMCATCHERS PRODUCTION and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

NA 6- VAY 10

Letter Number: 301A00018041

Dream Catchers Production

2598 Robert Trent Jones Drive Suite 1035 Orlando, Florida 32835 407-399-7008 407-822-4837 Fax

March 15,2001

Dept of Corporations Registration Section

RE: Articles of Organization and Certificate of Conversion

To Whom it May Concern,

Please find enclosed the Articles of Organization and Certificate of Conversion to be filed with your office. A check for \$185.00 is also enclosed. If you have any questions please feel free to call me at 407-399-7008. Thank you for your time.

Sincerely,

Cheri Melchione

Producer

****185.00 *****25.00

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

11031. The name of the unincorporated dusiness immediately prior to ming this document was:
DREAMCATCHERS
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: OCT 9, 2000 B. Jurisdiction: FLORIDA ORLANDO C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:
DREAMCATCHERS PRODUCTION LLC.
Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
CHERI L. MELCHICNE Typed or Printed Name of Signee
FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: TO BE AND CATCHERS
PRODUCTION LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
2599 ROBERT TRENT JONES DR "1005
32835
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature.
The name and the Florida street address of the registered agent are:
CHERI MELCHIONE Name SAME AS ABOVE
Name OC 08 NF
Florida street address (F.O. Box AOT acceptance) FL City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
CHERY L, MELCHIONE Typed or printed name of signee
Typed or printed name of signee
Silon Filing Fee for Articles of Organization Silon Of Filing Fee for Articles of Organization Silon Of Registered Agent Silon Of Certified Copy (Optional) Silon Of Certificate of Status (Optional)
+ 30,00 CERT OF CONVERSION