

L0300 0013207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

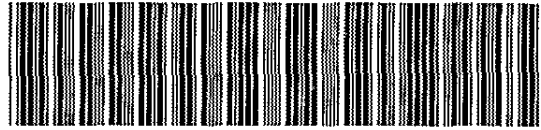
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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~~W03 9308~~

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AND  
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03 APR 11 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JB  
4-11-03

SOMNIO INTERMEDIA  
P.O. Box 4103  
Winter Park, FL 32793

407-702-3704

April 4, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

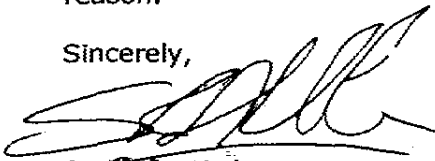
Dear Sir/Madam,

Please find enclosed the following items for the formation of a limited liability company:

- A check for one hundred sixty dollars to cover Filing fee for Articles of Organization, Designation of Registered Agent, Certified Copy and Certificate of Status
- Articles of organization for SOMNIO INTERMEDIA

Please note our address and phone number should you need to contact us for any reason.

Sincerely,



Steve R. Akehurst

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 2, 2003

S. AKEHURST  
J. BYRNE  
P.O. BOX 4103  
WINTER PARK, FL 32793

SUBJECT: SOMNIO INTERMEDIA, L.L.C. (SOMNIO)  
Ref. Number: W03000009328

We have received your document for SOMNIO INTERMEDIA, L.L.C. (SOMNIO). However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 503A00019887

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**ARTICLES OF ORGANIZATION**

**ARTICLE I**

Company Name:

The legal name of the limited liability company (the "Company") is:

**SOMNiO INTERMEDIA, L.L.C. (SOMNiO)**

**ARTICLE II**

Company Address:

The mailing address and initial street address of the principal office of the Limited Liability Company is:

1302 Cardinal Road  
Orlando, Florida 32803

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the initial Registered Agent are:

Ms. Bonita Byrne  
1302 Cardinal Road  
Orlando, FL 32803

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

*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.*

*Bonita Byrne*  
(Signature)

**ARTICLE IV**

Duration:

The duration of the Company shall be for an indefinite number of years, unless sooner dissolved by its members, pursuant to the Company's Operating Agreement, at the end of which the duration may be renewed and/or revised.

**ARTICLE V**

General Business Purpose:

The general business purpose for which the Company is organized is to engage in the business designing, producing, and distributing high-quality interactive multi-media works by developing and enhancing collaboration and integration of the entertainment media industries' interdisciplinary creative sectors.

### ARTICLE VI

Organizers:

The name(s) and address(es) of the organizer(s), who comprise all of the initial members of the Company, are as follows:

Name: Mr. Steve R. Akehurst	Name: Mr. Jaime E. Byrne
Address: <u>3733 NORTH GOLDENROD RD</u> <u>APT # 217 WINTER PARK, FL 32792</u>	Address: <u>5761 Gatlin Ave, #522</u> <u>Orlando, FL 32822</u>

### ARTICLE VII

Manager(s):

The name(s) and address(es) of the person(s) who shall serve as manager(s) until the first meeting of members or until his/her/their successor may be elected, is:

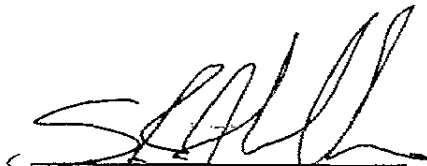
Name: Mr. Steve R. Akehurst	Name: Mr. Jaime E. Byrne
Address: <u>3733 NORTH GOLDENROD RD</u> <u>APT # 217 WINTER PARK, FL 32792</u>	Address: <u>5761 Gatlin Ave #522</u> <u>Orlando, FL 32822</u>

### ARTICLE VIII

Exemption from Company Debts:

The members of the Company shall not be liable for a debt, obligation, or liability of the Company and the private property of the members shall not be subject to the payment of any Company debts to any extent, whatsoever.

Dated this 26 day of March, 2003

  
Mr. Steve R. Akehurst

  
Mr. Jaime E. Byrne

OFFICE OF THE  
CLERK OF THE  
COURT  
STATE OF FLORIDA  
ORLANDO  
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MARCH 11 PM 4:15