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ROBERT A. WHITE  
BOARD CERTIFIED REAL PROPERTY LAWYER  
E-MAIL: bobwhite@gate.net

June 27, 2000

Via Airborne Express

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Wave Film Productions, LLC

300003310573--2  
-07/03/00--01005--013  
\*\*\*\*155.00 \*\*\*\*155.00

Gentlemen:

Enclosed herewith please find the following relative to the above-named Limited Liability Company:

1. Original and one copy of the Articles of Organization
2. Our check in the amount of \$155.00 representing payment of the following fees and costs:

Filing Fee:	\$100.00
Registered Agent Designation:	25.00
Certified Copy:	<u>30.00</u>
<b>TOTAL</b>	<b>\$155.00</b>

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Very truly yours,

ROBERT A. WHITE

RAW/js  
Enclosures

P.S. Please return a copy of the filed Articles of Incorporation via Airborne Express using the enclosed airbill and envelope. Thank you.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 6, 2000

ROBERT A. WHITE, P.A.  
SUITE 600  
1401 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

SUBJECT: WAVE FILM PRODUCTIONS, LLC  
Ref. Number: W00000017028

We have received your document for WAVE FILM PRODUCTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 400A00037523

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: WAVE FILM PRODUCTIONS, LLC

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1204 N.E. 13th Avenue, Fort Lauderdale, Florida 33304

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

<u>Name</u>	<u>Address</u>
Henrik Welle	1204 N.E. 13th Avenue, Fort Lauderdale, Florida 33304

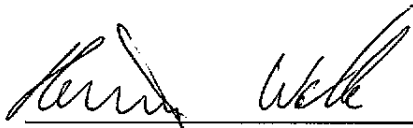
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TALLAHASSEE FLORIDA

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the member to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be conditioned upon the unanimous consent of the members.

  
\_\_\_\_\_  
Henrik Welle  
Subscriber and Member

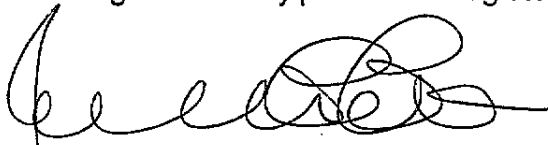
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.451 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: WAVE FILM PRODUCTIONS, LLC
2. The name and the Florida street address of the registered agent are:

ROBERT A. WHITE, P.A.  
1401 University Drive  
Suite 600  
Coral Springs, Florida 33071

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.

By:   
Robert A. White

**FILED**  
00 JUL 11 PM 12: 10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA