

L02000003317

ROBERT L. WHITMIRE
3952 PALMER DRIVE
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(904) 346-3429
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February 3, 2002

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

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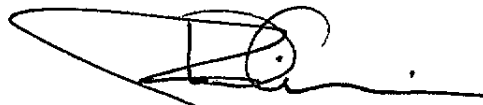
Re: Fallen Angel Production, LLC

Ladies and Gentlemen:

Enclosed please find the executed original of the Articles of Organization for the referenced entity, together with my check in the amount of \$125 to cover the filing fee and designation of registered agent for this entity. Please contact me at the number set forth above if there are any problems filing these Articles.

Thank you for your assistance in this matter.

Very truly yours,


Robert L. Whitmire

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Enclosures

L02-3317
OK

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

Article I - Name: The name of the Limited Liability Company is: **Fallen Angel Production, LLC**

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Fallen Angel Production, LLC, 3918 Alhambra Drive West, Jacksonville, FL 32207**

Article III - Registered Agent, Registered Office & Registered Agent's Signature: The name and Florida street address of the registered agent are:

**Robert L. Whitmire
3918 Alhambra Drive West
Jacksonville, FL 32207**

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 member-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.)

Robert L. Whitmire

Typed or printed name of signee

FILING FEES

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
02 FEB -7 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA