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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Customize Networks, LLC.

Name Availability	
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FAX AUDIT #

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**ARTICLES OF ORGANIZATION
OF
Customize Networks, LLC.**

ARTICLE I NAME

The name of the limited liability company shall be: **Customize Networks, LLC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3450 Palancia Drive, Apt. #1704, Tampa, Florida 33618.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Lowell Martin, 3450 Palancia Drive, Apt. #1704, Tampa, Florida 33318. Located in the County of Hillsborough.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Lowell Martin, P.O. Box 7382 , Lakeland, Florida 33807

Tariq Samad, 3450 Palancia Drive, Apt. #1704, Tampa, Florida 33618


Richard Oster, Vice President
Business Filings Incorporated
Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
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FAX AUDIT #

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

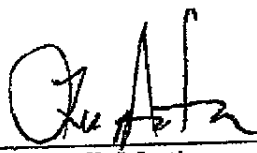
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES.
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Customize Networks, LLC.**

The name and address of the registered agent and office is Lowell Martin, 3450 Palanca
Drive, Apt. #1704, Tampa, Florida 33318. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____


Lowell Martin

Date: September 17, 2002

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TALLAHASSEE, FLORIDA

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