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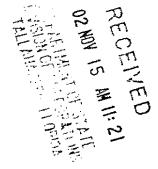
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SUITE 600

301 SOUTH BRONOUGH ST. (32301)

P.O. BOX 11189

TALLAHASSEE, FLORIDA 32302-318

TEL 850-222-7717

TEL 850-577-9090

FAX 850-222-3494 FAX 850-577-3311

wes grayharris com

E-MAIL ADDRESS

November 15, 2002

Division of Corporations George Firestone Building 409 East Gaines Street Tallahassee, FL 32301 Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the ARTICLES OF ORGANIZATION, along with a check in the amount of \$150.00 for the applicable filing fees for the following entity:

STUDIO EXP, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and calling at a 222-7717, when the document is ready. Thank you for your assistance in this mafter.

Very truly yours,

Jill W. May, Paralegal

/jwm Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

STUDIO EXP, LLC

ARTICLE II - Address:

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

8734 PALM LAKE DRIVE ORLANDO, FLORIDA 32819

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MICHAEL E. NEUKAMM, GRAY, HARRIS & ROBINSON, P.A. 301 E. PINE STREET, SUITE 1400 ORLANDO, FLORIDA 32801

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:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

AUTHORIZED REPRESENTATIVE'S SIGNATUR

In accordance with section 608.408(3), Florida Statutes, the execution of this document constant an affirmation under the penalties of perjury that the facts stated herein are true.

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE

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)