03/28/2003 16:41 FAX 813 222 1704 Division of Corporations

SHUMAKER LOOP KENDRICK

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number: 075500004387 : (813)229-7600 Phone

Fax Number : (813)229-1660

LIMITED LIABILITY COMPANY

RED HEAD PRODUCTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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JIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION RED HEAD PRODUCTIONS LLC

JEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is RED HEAD PRODUCTIONS LLC.

ARTICLE II - Address:

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

3021 SR 590, Apt. 603 Clearwater, Florida 33759

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 28TH day of March 2003.

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.)

Michael H. Robbins

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SCURCIANT OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 RED HEAD PRODUCTIONS LLC.
- 2. The name and the Florida street address of the registered agent are:

Michael H. Robbins Shumaker, Loop & Kendrick, LLP 101 East Kennedy Blvd., Suite 2800 Tampa, Florida 33602

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.

Signature