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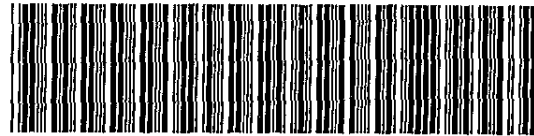
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POMEGRANATE MEDIA PRODUCTIONS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAPA CASERES
(Name of Person)

TAXPLUS, INC.
(Firm/Company)

8605 WESTWOOD CENTER DRIVE, SUITE 409
(Address)

VIENNA, VA 22182
(City/State and Zip Code)

For further information concerning this matter, please call:

RAPA CASERES at (703) 902-1040
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

POMEGRANATE MEDIA PRODUCTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

5507 NORTH MILITARY TRAIL #410

BOCA RATON, FL 33496

Mailing Address:

8605 WESTWOOD CENTER DRIVE

SUITE 409

VIENNA, VA 22182

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

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

MONICA C. LAMMERSDORF

Name

5507 NORTH MILITARY TRAIL #410

Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FLORIDA 33496

City, State, and Zip

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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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MONICA C. LAMMERSDORF

5507 NORTH MILITARY TRAIL #410

BOCA RATON, FL 33496

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

MONICA C. LAMMERSDORF

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)

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