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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DVD PROJECT LLC		
(Nam	e of Limited Liability Company)	
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
BEN COLONOMOS		
	(Name of Person)	
	W04-2169	56
	(Firm/Company)	·
14620 NW 60TH AVE.		
	(Address)	
MIAMI LAKES, FL 330		_
	(City/State and Zip Code)	
or further information concerning this mat	ter, please call:	O4 JUN 17
JOSE M. GISPERT	at (305) 421-6723	
(Name of Person)	(Area Code & Daytime Telephone Number)	
		- COR
		AH 10:
		<u> </u>

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 4, 2004

BEN COLONOMOS 14620 NW 60TH AVE MIAMI LAKES, FL 33014-2811

SUBJECT: DVD PROJECT LLC Ref. Number: W04000021656

We have received your document for DVD PROJECT LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Letter Number: 804A00038413

Lee Rivers Document Specialist THE PART OF CORFORATIONS TO THE PART OF STREET OF CORFOR AND STREET OF STREE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DVD PROJECT LLC		27 July 1 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 g 1 2 g 1 2 g 1 2 g 2 g 2 g 2 g 2 g 2 g
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ARTICLE II - Address: The mailing address and street address	ess of the princi	pal office of the Limited Liability Compa	ny is:
Principal Office Address:		Mailing Address:	
14620 NW 60TH AVE		14620 NW 60TH AVE.	<u> </u>
MIAMI LAKES, FL 33014-2811	~~	MIAMI LAKES, FL 33014-2811	<u> </u>
			<u></u>
ARTICLE III - Registered Agent, The name and the Florida street add		fice, & Registered Agent's Signaturestered agent are:	COT"
BEN COLONOMO	OS Name		F CORPOR
14620 NW 60TH		x NOT acceptable)	RATION

FLORIDA

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..

City, State, and Zip



Page 1 of 2 (CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR		— rc ==== 1, 2	*-		BEN COLONOMOS
					14620 NW 60TH AVE.
-				•	MIAMI LAKES, FL 33014-2811
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MGR		6. WM 121	CT 122	1 1/2 0/2008 (1 17)	DAVID LEWIN
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(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.)

BEN COLONOMOS

Typed or printed name of signee

\$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)