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SECRED ASSESSIONEDA

HOWARD F. SCOTT

10800 BISCAYNE BOULEVARD, SUITE 610 ◆ MIAMI, FLORIDA 33161 ◆ PHONE (305) 892-4554 ◆ FAX (305) 892-4580

October 13, 2004

Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Articles of Organization of Blue Hole Productions, LLC

To Whom It May Concern:

Enclosed for filing with your office are duplicate originals of the Articles of Organization of Blue Hole Productions, LLC.

A check payable to the Florida Department of State in the amount of \$155.00 is enclosed, representing payment as follows:

Filing Fee Certified Copy \$125.00 __30.00

TOTAL

\$155.00

After filing, please send a certified copy of the Articles of Organization to the undersigned. If further information is needed with respect to this submission, please contact Howard F. Scott at (305) 892-4554.

Sincerely yours,

Howard F.

HFS/ng Enclosures

ARTICLES OF ORGANIZATION

OF

BLUE HOLE PRODUCTIONS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I NAME

The name of the Limited Liability Company is Blue Hole Productions, LLC.

ARTICLE II ADDRESS

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

12000 S.W. 114th Place Miami, Florida 33176

ARTICLE III REGISTERED AGENT

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

Howard F. Scott, Esq. 10800 Biscayne Boulevard, Suite 610 Miami, Florida 33161

ARTICLE – IV MANAGER

The name and address of the Manager is:

Joseph A. Hammond 12000 S.W. 114th Place Miami, Florida 33176



ARTICLE - V MANAGEMENT

The Company is to be managed by the Manager.

ARTICLE – VI EFFECTIVE DATE

The Company shall be effective as of October 11, 2004.

ARTICLE – VII DURATION

This Company is to exist perpetually unless sooner dissolved according to law.

ACCEPTANCE OF REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

STATE OF FLORIDA }
SS
COUNTY OF MIAMI-DADE }

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this day of October, 2004 by Howard F. Scott who is personally known to me or who has produced as identification.

Commission Stamp:



Notary Public, State of Florida

Print name: 11019 S.