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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

KGB Productions LLC

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

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11/10/04

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **KGB Productions LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

236 N. Kent Avenue

236 N. Kent Avenue

Orlando, FL 32805

Orlando, FL 32805

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

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

Matt Quarles

Name

236 N. Kent Avenue

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Orlando, FL 32805

(City / State / Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV 10 AM 3 00

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 - Matt Quarles

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

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

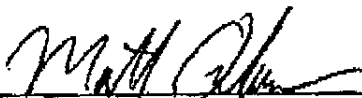
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMMatt Quarles- 236 N. Kent Avenue, Orlando, FL 32805MGRMJames Pankraz- 236 N. Kent Avenue, Orlando, FL 32805MGRMDominic Avery Koff- 236 N. Kent Avenue, Orlando, FL 32805MGRMNorman Adamson- 236 N. Kent Avenue, Orlando, FL 32805

(Use attachment if necessary)

REQUIRED SIGNATURE:Signature of a member or 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.)

Matt Quarles

Typed or printed name of signee

2004 NOV 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA