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BERGER SINGERMAN → 850-205-0381

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From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : 120020000154 Phone : (954)525-9900

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LIMITED LIABILITY COMPANY

Studio One - Dolphin, LLC

Certificate of Status	Q
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BERGER SINGERMAN → 850-205-0381

Jim Nichols

646 349-3264

NO.207 002

ARTICLES OF ORGANIZATION OF STUDIO ONE – DOLPHIN, LLC A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

ARTICLE I NAME

The name of the Company is Studio One - Dolphin, LLC.

ARTICLE II ADDRESS

The mailing address and the street address of the principal office of the Company is 10690 Shadow Wood Drive, Suite 110, Houston, Texas 77043.

ARTICLE III INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the initial Registered Agent of the Company are Jim Nichols, 14929 Arbor Springs Circle, Apt. 302, Tampa, Florida 33609.

ARTICLE IV MANAGEMENT

The Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE V LIMITATION ON AGENCY AUTHORITY OF MEMBERS

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

Dated: April 2 2005

By:

im Nichols, Manager

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ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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.

Dated: April 22 2005

SECTION OF SUM

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