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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : f19980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

05 JUN -8 2:12:19

LIMITED LIABILITY COMPANY
CONVERGENCE ENTERTAINMENT, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is CONVERGENCE ENTERTAINMENT, LLC.

ARTICLE II - Address:

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

Principal Office Address:

4545 36TH Street
Orlando, FL 32811

Mailing Address:

4545 36TH Street
Orlando, FL 32811

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

The name and Florida street address of registered agent are:

PHILIP S. KAPROW
KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
2 S. Orange Avenue, 5th Floor
Orlando, FL 32801

Having been named as registered agent and to accept service of process for the above state 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.


PHILIP S. KAPROW, Registered Agent

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:

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KILLGORE PEARLMAN

Fax: 4078393635

Jun 8 2005 11:29

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MRGRM

EXPERIENCE INTERNATIONAL, LLC
4545 36TH Street
Orlando, FL 32811

MRGRM

BRIAN McCOURT
12 Vista Drive
Flanders, NJ 07836

REQUIRED SIGNATURE:



Signature

Attorney-in-Fact for Experience International, LLC

PHILIP S. KAPROW

Typed or printed name of signee

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