OSCIPLE Department of State Of Division of Corporations

Division of Corporation Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001511973)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

RECEIVEL 05 JUN 20 FR LA AVESION OF CORPOR

LIMITED LIABILITY COMPANY

big premiere, l.l.c.

Certificate of Status 0
Certified Copy 0
Page Count 03

Estimated Charge \$125.00

M JUN 2 1 2005

Flactronic filling Manu-

Comparate Filipa

Mullic Account Hold

EWBIBE

104-20-2005 11:30



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BIG PREMIERE, L.L.C.



ARTICLE I

The name of the Limited Liability Company shall: BIG PREMIERE, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 10556 NW 26TH STREET, D-101, DORAL, FL 33172.

ARTICLE IV

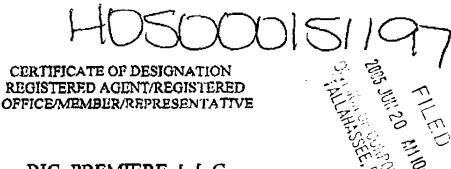
The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26TH STREET, SUITE C-201, DORAL, FL 33172.

405000151197

EMP I RE

1NH-S0-S802 11:30

Σ0.9 JR10T



BIG PREMIERE, L.L.C.

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

HOSO00151197