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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 : PARCORP SERVICES, LTD.
Account Number : 119990000011
Phone : (800) 603-2533
Fax Number : (800) 398-0461

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ACCESS MULTIMEDIA LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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2. BROWN FEB 15 2006

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCESS MULTIMEDIA LLC

ARTICLE II - Address:

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

Principal Office Address:

1429 HOUNDS HOLLOW CT
LUTZ, FL 33549

Mailing Address:

1429 HOUNDS HOLLOW CT
LUTZ, FL 33549

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

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

MICHAEL WILLIAMS

Name

1429 HOUNDS HOLLOW CT

Florida street address (P.O. Box **NOT** acceptable)

LUTZ, FL 33549

City, State, and Zip

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..

M. Williams

Registered Agent's Signature

(CONTINUED)

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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:MGRMMICHAEL WILLIAMS
1429 HOUNDS HOLLOW CT,
LUTZ, FL 33549MGRMJAMES JENKINS
41 BIRCH ST.
JERSEY CITY, NJ 07305

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

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.)

DAVID L. SURINA, ORGANIZER

Typed or printed name of signer

Filing Fees:\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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