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Phone : (850)243-8194  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CHOMER FAMILY FILMS, L.L.C.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
CHOMER FAMILY FILMS, L.L.C.**

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**ARTICLE I  
Name**

The name of the Limited Liability Company shall be **CHOMER FAMILY FILMS, L.L.C.** ("Company").

**ARTICLE II  
Address**

The mailing and principal place of business address of the Company in Florida shall be:  
475 Marker Cove, Mary Esther, Florida 32569

**ARTICLE III  
Registered Office and Agent**

The name and street address of the registered agent of the Company in the State of Florida is:

John Chomer  
475 Marker Cove  
Mary Esther, Florida 32569

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, 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

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**ARTICLE IV  
Management**

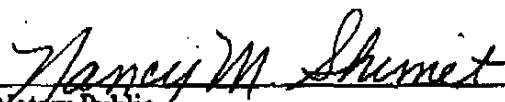
The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company. The Company shall be managed by **John Chomer**, 475 Marker Cove, Mary Esther, Florida 32569, in accordance with the regulations of the Company. The regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

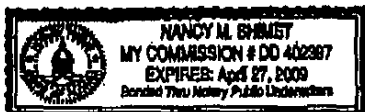
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
**JOHN CHOMER**

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Sworn to and subscribed before me this 30 day of August, 2007 by John Chomer, who is personally known to me or who produced \_\_\_\_\_ as identification..

  
\_\_\_\_\_  
Notary Public



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