

TRANSMITTABLE
N9500000753

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



000001405130
-02/14/95--01033--014
****122.50 ****122.50

SUBJECT: ALLSCOPE MEDIA PRODUCTIONS, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: YVONNE MCCORMACK
Name (Printed or typed)

643 WEST MELROSE CIRCLE
Address

FT. LAUDERDALE, FL 33312
City, State & Zip

(305) 791-1800
Daytime Telephone number

K.W.
2/14/95

NOTE: Please provide the original and one copy of the articles.

AllScope Media Productions, Inc.

Articles of Incorporation

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt the following Articles of Incorporation:

ARTICLE I

The Name of the Corporation shall be: AllScope Media Productions, Inc.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be 643 West Melrose Circle, Ft. Lauderdale, Fl 33312 until a corporate office is located and approved by all directors.

ARTICLE III

The specific purposes for which the corporation is organized are:

- a) to research, document and produce productions about the lives and experiences of people of African ancestry.
- b) these productions include but are not limited to print, electronic (audio & audio visual) and public forums/symposiums and cultural events .
- c) AllScope Media Productions is also available to contract its services to research, document and produce audio visual and print material to any individual or organization.

ARTICLE IV

The manner in which the directors are elected or are appointed is as follows:

- a) The number of Directors shall remain three. Replacement directors are to be elected by majority vote of the three present directors. Submission of replacement names are to be given by written notice no more than one two months and no less than one month (30 calendar days) prior to that election meeting. Each new director shall be required to undergo a one year (12 calendar months) probationary period from the date of directorship. Further, the replacement director must sign document(s) which outline(s) rights, privileges, limitations bylaws, and responsibilities of memberships to acknowledge understanding and agreement thereof.

AllScope Media Productions

Articles of Incorporation

ARTICLE V

Limitation of corporate powers

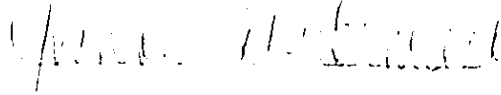
The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, but limited as follows:

AllScope Media Productions may merge with other corporations both for profit and not for profit, domestic and foreign, if the surviving corporation is a corporation not for profit only with the written approval of all current directors of AllScope Media Productions

ARTICLE VI

The name and the street address of the initial registered agent is:

Yvonne McCormack, 643 West Melrose Circle, Ft. Lauderdale, FL 33312



ARTICLE VII

The names and street address of the incorporators for these articles of incorporation are:

Yvonne McCormack, 643 W. Melrose Circle, Ft. Lauderdale, FL 33312

Michael Smikle, 17962 Northwest 40 Court, Opa Locka, FL 33169

Errol Russell, 15100 S W 129th Ave, Miami, FL 33186

ARTICLE VIII

Termination of Membership

Each director may choose to terminate membership in accordance with the bylaws enacted by the directors enacted of AllScope Media Productions current-active at the time of termination

ARTICLE IX
Dissolution or Final Liquidation

Each Director must comply with the current bylaws which state rights and responsibilities of directors and distribution of assets.

The undersigned has executed these Articles of Incorporation this 9th day of February, 1995

Yvonne McCormack

Yvonne E. McCormack
Typed Name of Incorporator

**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ALLSCOPE MEDIA PRODUCTIONS, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

YVONNE MCCORMACK
(Name)

643 WEST MELROSE CIRCLE
(Street address - P. O. Box not acceptable)

FT. LAUDERDALE, FLORIDA 33312
(City/State/Zip)

FILED
55 FEB 12 PM 3:41
SOUTH FLORIDA DIVISION

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

Yvonne McCormack
(Signature)

February 9, 1995
(Date)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96 \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morthart
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 SEP 16 AM 9:39



DOCUMENT # N95000000753 (2)

1 Corporation Name

ALLSCOPE MEDIA PRODUCTIONS, INC.

Principal Place of Business Mailing Address
 643 W. MELROSE CIRCLE 643 W. MELROSE CIRCLE
 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified 02/13/1995 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
			65-0632557	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			<input type="checkbox"/>	
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			<input type="checkbox"/>	
24	Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 MCCORMACK, YVONNE
 643 W. MELROSE CIRCLE
 FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is ~~not~~ acceptable) 11111 11111
 -11111-1111-1111
 83 *****61.25 *****61.25
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MANAGING DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE MCCORMACK	1.2 NAME	
STREET ADDRESS	643 W Melrose Circle	1.3 STREET ADDRESS	
CITY - ST - ZIP	Ft. Lauderdale, FL 33312	1.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SMILE	2.2 NAME	
STREET ADDRESS	17962 NW 40 Court	2.3 STREET ADDRESS	
CITY - ST - ZIP	OPALOCKA, FL 33169	2.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERROL RUSSELL	3.2 NAME	
STREET ADDRESS	15100 SW 129 Ave	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: YVONNE MCCORMACK 7/20/96 (805) 791-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 YVONNE MCCORMACK 0009119

CR2E037 (3/96)