· P00000010685 TRANSMITTAL LETTER

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

BILLY BRIAN ENTERTAINMENT, IUC. (Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of inc	orporation and a	check for
--	------------------	-----------

\$70.00 Filing Fee Filing Fee & Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee.

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

WILLIAM N. EDWARDS Name (Printed or typed)

F. CHAISSAN FEB 1 1999

ARTICLES OF INCORPORATION OF

BILLYBRIAN ENTERTAINMENT, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation:

ARTICLE I NAME

The name of this corporation shall be: BILLYBRIAN ENTERTAINMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2811 SW THIRD AVENUE MIAMI, FLORIDA 33129

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES \$10 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

WILLIAM N. EDWARDS 2811 SW 3RD AVENUE MIAMI, FLORIDA 33129



ARTIČLE V INCORPORATORS (S)

	f the incorporators to these Articles of Incorporation	
are: WILLIAM N. EDWARDS	2811 SW 3 RD AVENUE MIAMI, FLORIDA 33129	
MYSTRO CLARK	C/O LONDON & CO. 11601 WILSHIRE BLVD. # 2040 LOS ANGELES, CA 90025	
DEBORAH TORRES _	485 NE 114 STREET MIAMI, FLORIDA 33161	
The undersigned have executed the	nese Articles of Incorporation thisday of	
<u>SANUARY</u> , 2000.		
Incorporator:	-Incorporator:	
Incorporator:	efes .	
authorized in the State aforesaid a acknowledgements, personally ap CLARK and DEBORAH TORRE who executed the foregoing instru	THAT on this day, before me, an officer, duly nd in the County aforesaid, to take peared WILLIAM N. EDWARDS, MYSTRO S, to me known to be the persons described in and ment or who have produced personal as identification and who did take an oath and executed the same.	
	ad official seal in the County and State last aforesaid	
	Quad	
XVot	ary Public State of Florida at Large	
	Isabel L Edwards MY COMMISSION # CC850722 EXPIRES June 29, 2003 Sonoed THRU TROY FAIN INSURANCE, INC.	
Print Name. My Commission expires:		

00 JAN 26 AM

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida:

- 1. The name of the corporation is: BILLYBRIAN ENTERTAINMENT, INC.
- 2. The name and address of the registered agent and office is:

WILLIAM N. EDWARDS 2811 SW 3RD AVENUE MIAMI, FLORIDA 33129

RESIDENT AGENT

DATE: JAN. 11, 2000

Having been named to accept service of process for the above state corporation, at the place designated in this certificate I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325 Florida Statutes.

RESIDENT AGENT