Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

ANOTHER BASKET CASE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

NAME

The name of the corporation is: Another Basket Case, Inc.

PRINCIPAL OFFICE

The principal office of the corporation is: 3444 Northeast 12th Avenue, Fort Lauderdale, FL, 33334.

NUMBER OF SHARES

The number of shares the corporation is authorized to issue is 1000 shares with a par value of \$1.00 each.

INITIAL BOARD OF DIRECTORS

The incorporator shall hold an organizational meeting at the call of a majority of the incorporators to elect directors and complete the organization of the corporation, or may take such action without a meeting in writing as provided by law.

PREEMPTIVE RIGHTS

The Shareholders shall have the preemptive right to purchase unissued shares of the corporation.

INCORPORATOR

The name and address of each incorporator is: Hamilton Doyle, 3444 Northeast 12th Avenue, Fort Lauderdale, FL, 33334.

REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office and the name of its initial registered agent at that office is as follows: Hamilton Doyle, 3444 Northeast 12th Avenue, Fort Lauderdale, FL, 33334.

PREPARED BY:
DANIEL E. OATES, P.A.
1500 East Atlantic Boulevard
Suite B
Pompano Beach, FL 33060
Telephone: (954) 942-6500
FLORIDA BAR NO. 233811

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The undersigned does hereby accept his appointment registered agent as set forth above.

IN WITNESS WHEREOF the undersigned incorporator has hereunto set his hand and seal on this 1st day of March, 2000.

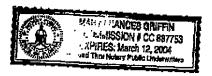
STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 1ston Pouls day of March, 2000, by Hamilton Doyle.

(Print, Type or Stamp Commissioned Name of Notary Public)

OR Produced Identification ____ Type of Identification



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