ACCO 21235

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

SUBJECT: Slock Media Executives Inc.

(Proposed comporate name - must include suffix)

700003189287--3 -03/30/00--01006--011 \*\*\*\*808.75 \*\*\*\*\*87.50

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

\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COF	F		\$ \$-
FROM:	Name (Printed or typed)    Solution   Printed or typed   Printed or typed     Solution   Printed or typed			ECEIVED	
	941-36	State & Zip  O -8/95 elephone number		FILED PM 4: 44	APPROVED

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## NAME ARTICLE I

The name of the corporation shall be:

BLACK MEDIA EXECUTIVES INC.

PRINCIPAL OFFICE ARTICLE II

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

1180 52nd ST. SARASOTA FLORIDA 34234

SHARES ARTICLE III

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

FIVE THOUSAND (5000)

INITIAL REGISTERED AGENT AND STREET ADDRE ARTICLE IV

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

LONNIE WARD, JR. 1180 52nd ST.

SARASOTA FLORIDA 34234

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

LONNIE WARD, JR. 1180 52nd ST

SARASOTA FLORIDA 34234

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date