

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

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : AL CLARK

Account Number : 072100000173 : (727)398-6011 Phone

: (727)397-5189 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

VIRTUAL VIDEO TECHNOLOGY, INC.

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\$70.00

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ARTICLES OF INCORPORATION

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.

NAME ARTICLE I

The name of the corporation shall be

VIRTUAL VIDEO TECHNOLOGY, INC.

PRINCIPAL OFFICE ARTICLE II

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

5881 64TH TERRACE N. PINELLAS PARK, FL.33781

SHARES ARTICLE III

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is:

prepared by:

Name: MATTHEW L. ALBRITTON Address: 1531 CITRUS STREET

CLEARWATER, FL.33756

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

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ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

Matthew L. Albritton (President) 1531 Citrus Street Clearwater, FL. 33756

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Matthew L. Albritton 1531 Citrus Street Clearwater, FL. 33756

The undersigned incorpora	ator(s) has (have) e	executed these Articles of incorpor
_30 ^{±b} day of _	March	, 20 <u><i>C</i>C</u> .
(An additional artic	le must be added if	an effective date is requested.)
X Mathe	Eur L. Silver Signi	Atura
	Sign	
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Notarization is not required

Signature

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Notarization is not required

CERTIFICATE OF DESIGNATION OF 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:

VIRTUAL VIDEO TECHNOLOGY, INC.

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

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD. Suite A (P.O. Box not acceptable)

SEMTNOLE, Florida 33777 (City/State/Zip) 00 MAR 30 AM 8: 54

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)
PRESIDENT

_ DATE __03/30/00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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