TRANSMITTAL LETTER

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TALLAHASSEE. FLORIS.

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

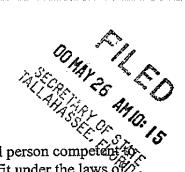
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SUBJECT: BROWARD ARTS CAMP, INC.

ENCLOSED PLEASE FIND A COMPLETED ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE FOR THE ABOVE NAMED CORPORATION AND A CHECK IN THE AMOUNT OF \$122.50.

FROM:
BRENDON FLYNN
309 NW 65 TERRACE
FT. LAUDERDALE, FLORIDA 33317

ARTICLES OF INCORPORATION OF BROWARD ARTS CAMP, INC.



The undersigned subscribers to these articles of incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation for profit under the laws of the state of Florida.

ARTICLE I. NAME

The name of the corporation is:

BROWARD ARTS CAMP, INC.

ARTICLE II. ADDRESS

The address of the corporation shall be:

309 NW 65 TERRACE FT. LAUDERDALE, FL 33317

ARTICLE III. NATURE OF BUSINESS

The general nature of business to be transacted by this corporation is any business or business activity permitted under the laws of the state of Florida and the United States of America.

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at any one time is 1,000 thousand shares of common stock with a par value of one dollar per share.

ARTICLE V. TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE VI. REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this corporation in the State of Florida is:

Brendon Flynn 309 NW 65 Terrace Ft. Lauderdale, Florida 33317

ARTICLE VII. DIRECTORS

This corporation shall have one director initially. The number of directors may be increased from time to time, by by-laws adopted by the shareholders, but shall never have less than one director.

ARTICLE VIII. INITIAL DIRECTORS

The names and addresses of the first member of the board of directors are:

Brendon Flynn 309 NW 65 Terrace, Ft. Lauderdale, Florida 33317

ARTICLE IX. INCORPORATORS

The names and addresses of the incorporator of these articles of incorporation are:

Brendon Flynn 309 NW 65 Terrace, Ft. Lauderdale, Florida 33317

ARTICLE X. AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed to them by the shareholders, and approved by the shareholders at a stockholders meeting by a majority of the stock entitled to vote thereon.

IN WITNESS WHEREOF, I HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION THIS 18 DAY OF MAY 2000.

Brenden Flyn

STATE OF FLORIDA COUNTY OF BROWARD

I hereby certify that on this day, before me, a notary public duly authorized in the state and county named above to take acknowledgments, personally appeared BRENDON FLYNN, to me known to be the person described as incorporator in and who executed the foregoing articles of incorporation, acknowledged before me that he subscribed to these articles of incorporation.

WITNESS MY HAND AND SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS DAY OF MAY 2000.

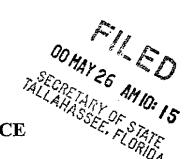
ANDREA J. TOWER

Notary Public - State of Florida

No Commission Expires Mar 15, 2002

ission # CC 724528

Notary Public



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

1. THE NAME OF THE CORPORATION IS:

BROWARD ARTS CAMP, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BRENDON FLYNN 309 NW 65 TERRACE FT. LAUDERDALE, FL 33317

Signature(

Title: PRESIDENT

Date

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH ALL 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

Date /