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

: FAS-T CORP. AGENTS, INC. Account Name

Account Number: 071001002335 : (305)599-0839 Phone Fax Number

: (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

ADULT VIDEO CONSULTING CORPORATION

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ARTICLES OF INCORPORATION

of

FILE-D O AUG 16 PM 2: 01 SECRETARY CHISTATE ALLAHASSEE, FLORIDA

ADULT VIDEO CONSULTING CORPORATION

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ADULT VIDEO CONSULTING CORPORATION

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV- CAPITAL STOCK

The corporation is authorized to issue <u>one Thousand</u> shares (1,000) of <u>One</u>

Dollar(s) (\$ 1.00 ____) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME Peter Pasch					<u> </u>
ADDRESS 5611 North State Road 7	,	1	•		
crry Fort Landerdale,		FLORIDA		•	ZIP 33319

The principal office, if known, or the mailing address of the corporation is:

NAME Adult Video Consulting Corporation	•		
ADDRESS 5611 North State Road 7	•		
CITY Fort Lauderdale	FLORIDA	,	 ZIP 33319

of the initial director(s) of the corporation are as		
NAME Peter Pasch - President	C	
ADDRESS 5611 North State Road 7		
CITY Fort Lauderdale	STATE Florida	ZIP 33319
NAME		
ADDRESS:		
GTY.	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP ·
Try Fort Lauderdale	STATE FL	ZIP ³³³¹⁹
Try Fort Lauderdale	TT	ZIP ³³³¹⁹
TTY Fort Lauderdale	TT	_{ZII} 33319
TTY Fort Lauderdale NAME ADDRESS ETTY	TT	ZIP ³³³¹⁹
TTY Fort Lauderdale NAME ADDRESS ETY	STATE FL	
NAME ADDRESS STY VAME	STATE FL	
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NAME ADDRESS VAME VAME VAME VAME VAME VAME VAME VAME	STATE FL STATE STATE	ZIP ZIP ration this 10th (Seal)
TTY Fort Lauderdale NAME ADDRESS SITY VAME ADDRESS	STATE STATE STATE STATE iber(s) have executed these Articles of Incorporate these Articles and Incorporate these Articles are incorporate to the state of the	ZIP ZIP ration this 10th

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 the registered office/registered agent, in the State of Florida.

The name of the corporation:

ADULT VIDEO CONSULTING CORPORATION

2. The name and address of the registered agent and Office is: Peter Pasch

5611 North State Road 7,

(P.O. BOX NOT ACCEPTABLE)

Fort Lauderdale, Florida 33319

(CITY/STATE/ZIP)

SIGNATURE

DATE August 10, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

SIGNATURE

DATE <u>August 10, 2000</u>