

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 : HUBCO

Account Number : 104662003400 : (516)935-3940 Phone : (516)935-3088 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

The Black Music Experience Corporation

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

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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.

ARTICLE I NAME

The name of the corporation shall be:

The Black Music Experience Corporation

The purpose of the corporation is for the development of live Multimedia Entertainment Products and Services designed to promote and enhance the global Black Music Experience using state-of-the-art information technologies such as the Internet, DVD and digital audio-visual.

ARTICLE II PRINCIPAL OFFICE

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

15169353088

The Black Music Experience Corporation 4201 JEFFERSON STREET HOLLYWOOD, FL 33021

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ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JEFFREY CRUICKSHANK 4201 JEFFERSON STREET HOLLYWOOD, FL 33021

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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HUBCO INCORPORATIONS

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ARTICLES V INCORPORATOR(S)

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

JEFFREY CRUICKSHANK 4201 JEFFERSON STREET HOLLYWOOD, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of Sept. 2000.

JEFFREY CRUICKSHANK SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT 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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation i	The Black M	Iusic Experienc	e Corporation
i. The name of the corporation i	S	Terre True have the	• • • • • • • • • • • • • • • • • • •

2.	The name	and	address	of th	e registered	l agent	and	office	is
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JEFFREY CRUICKSHANK	
Name	
4201 JEFFERSON STREET	
(P.O. Box or Mail Drop Box NOT Acceptable)	
HOLLYWOOD, FL 33021	
(City / State / Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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Sept. 29, 2000 (Date)

JEFFREY CRUICKSHANK SIGNATURE