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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)922-4001

From:
Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FLORIDA PROFIT CORPORATION OR P.A.

Sparx Entertainment, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02 (4)
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Capital Connection, Inc.

B. McKnight FEB 08 2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 7, 2001

CAPITAL CONNECTION, INC.

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SUBJECT: SPARX ENTERTAINMENT, INC.
REF: W01000002954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Corrected

In compliance with Chapter 607 and /or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Spark Entertainment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

361 Woodlawn Cemetary Rd. Gotha, Florida 34734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Legal Purposes

ARTICLE IV SHARES

The number of shares of stock is:

2 (Two) Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Anthony J. Micelli (President)
361 Woodlawn Cemetary Rd.
Gotha, Florida 34734

Steven Cox (Vice President)
9153 Pristine Circle
Orlando, Florida 32818

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Greg Galloway, P.A.
2000 Universal Studios Plaza
Building 32, Suite 601
Orlando, Florida 32819

ARTICLES VII INCORPORATOR

The name and address of the incorporator is:

Greg Galloway, P.A.
2000 Universal Studios Plaza
Building 32, Suite 601
Orlando, Florida 32819

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TALLAHASSEE, FLORIDA

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/ Registered Agent — Date: 2-6-01

Signature/Incorporator — Date: 2-6-01

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sparx Entertainment, Inc.

2. The name and the Florida street address of the registered agent and office are:

Greg Galloway, P.A.

(Name)

2000 Universal Studios Florida Building 32, Suite 601

Florida street address (P.O. Box NOT Acceptable)

Orlando, Florida 32819

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agency 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 a provided for in Chapter 608. F.S.

(Signature)

$100.00	Filing Fee for Application
$ 25.00	Designation of Registered Agent
$ 30.00	Certified Copy (optional)
$ 5.00	Certificate of Status (optional)

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