TRANSMITTAL LETTER

P0100028454

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000003854410--2 -03/15/01--01070--023 ******78.75 ******78.75

SUBJECT:	OASTAL MULTIME	DIA, INC.	UDE SUFFIX)	 .
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :	I
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: Deborah G. Olive Name (Pr	inted or typed)		
	5495 Rowe Trail Pace 71 3257 City,	Address	O1 MAR 15 AM IO: 56 SECRELARY DESTATE TALLAHASSEE, RENERADA	FILED
	850-995-8654	-XX		-
	Daytime 16	elephone number		

Doback or	WEE: Please provide the original and one copy of the ar	ticles.
AUTHORIZATION BY PHONE 1	O O	1 6
CORRECT Dame		210
DATE 3/20		13/2
DOC. EXAM DEB	- 4.	

ARTICLES OF INCORPORATION	•
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	•
The name of the corporation shall be:	•
COASTAL MULTIMEDIA GROUP, INC.	
COASTAL MULTIMEDIA GROOT, INC.	7 S 2
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
5495 Rowe Trail	5 L
Pace, 71 32571	1,200 -1
ARTICLE III PURPOSE	M IO: 56
The purpose for which the corporation is organized is:	5F 58
For Profit Corporation	
·	
ARTICLE IV SHARES	
The number of shares of stock is: 100	•
Α	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Deborah G. Dliver	
5495 Rowe Trail	
Pace, 7L 32571	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Deborah G. Oliver	
5495 Rowe Trail	
Pace, 7L 32571	

Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and a	
	-
Deborah (1) Oliver	3-9-2001
Signature/Registered Agent	Date
Deborah Cliver	3-9-2001
Signature/Incorporator	Date