

# PO1000053134

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## FLORIDA PROFIT CORPORATION OR P.A.

On Location Live.TV, Inc.

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

## 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:

**On Location Live.TV, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**On Location Live.TV, Inc.**

**301 West Lake Summit Drive  
Winter Haven, FL 33884-1530**

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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:

**1000 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Robin Gasparino  
301 West Lake Summit Drive  
Winter Haven, FL 33884-1530**

***Prepared By:***

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

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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):

**Robin Gasparino**  
**301 West Lake Summit Drive**  
**Winter Haven, FL 33884-1530**

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

25th day of May 2001.

*Robin Gasparino*  
Robin Gasparino - 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 is: **On Location Live.TV, Inc.**

2. The name and address of the registered agent and office is:

**Robin Gasparino**

Name

**301 West Lake Summit Drive**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Winter Haven, FL 33884-1530**

(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.*

*Robin Gasparino*

**Robin Gasparino**  
SIGNATURE

**25th May, 2001**

(Date)

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