POLOODO79375 Dombey Don

Accounting and Tax Practice

P.O. Box 17627 Tampa, FL 33682

(813) 505 4321

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

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6 August 2001

Dear Sirs,

Triple Crown Communications, Inc.

We enclose herewith the Articles of Incorporation of the above named corporation duly completed together with a check in the sum of seventy dollars to cover the fees in this matter.

Yours faithfully

Mr Ross

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SECRLIANCE STATE
AND ANASSEE, FLORID

ARTICL	ES C	F INCO	RPORA	TION
AK				

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

01 AUG -8 PH 1: 05 SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Triple Crown Communications, Inc.

ARTICLE II	PRINCIPAL OFFICE
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The principal place of business and mailing address of this corporation shall be:

6747 Land O' Lakes Blvd Land O' Lakes, Florida 34639

ARTICLE III SHARES

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

10,000 (Ten thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Barrie Ross

6747 Land O' Lakes Blvd

Land O' Lakes, Florida 34639

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sid Richards

6747 Land O' Lakes Blvd

Signature/Incorporator

Land O' Lakes, Florida 34639

(An additional article must be added if an effective date is requested.)

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 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

Signature/Registered Agent

Date

Date