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Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

UPON REQUEST REPORTING, INC.

Certificate of Status	0
Certified Copy	<u></u>
Page Count	(03/
Estimated Charge	\$78.75

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Upon Request Reporting, Inc.

ARTICLE I-NAME

The name of the corporation shall be:

Upon Request Reporting, Inc

ARTICLE II-PRINCIPAL OFFICE

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

704 S.W. 18th St. Ft Lauderdale, FL 33315

ARTICLE III-CAPITAL STOCK

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

1,000 shares of the par value \$1.00 each

ARTICLE IV-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Kevin H. Fabrikant 1031 Ives Dairy Road Suite 228 North Miami Beach, FL 33179

ARTICLE V- INCORPORATOR

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

Kathy Hall 704 S.W. 18th St. Ft. Lauderdale, FL 33315

The undersigned has executed these Articles of Incorporation this 28 day of September 20<u>0 /</u> .

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CERTIFICATE OF DESIGNATION 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 designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Upon Request Reporting, Inc.
- 2. The name and address of the registered agent and office is:

Kevin Fabrikant 1031 Ives Dairy Road Suite 228

North Miami Beach, FL 33179
(as specified in Article IV of the Articles of Incorporation)

Date: 5-14.28,2001

HAVING HEEN 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:

Date:

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SECRETARY OF STATE
AND ARROSS EL FLORIDA