TRASHITKL ETT/ 09265

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 D CORPORATE NAME - MUST INCLUDE SUFFIX) 500004676135--4 -11/13/01--01038--004 *****78.75 *****78.75 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 \$78.75 □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Padeira Ave + 4 Coral Gables, FL 33134 305) 476-2981 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Ps.1/4/01

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	01 NOV 13 PH 12: 20
The name of the corporation shall be:	n C. SECRETARY OF STATE
	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	^
The principal place of business/mailing address is: 30 Madeira	Ave. # 4
Coval Gabl	es, FL 33134
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To provid	e media
Consultati	on 70
ARTICLE IV SHARES	J T. V Stations.
The number of shares of stock is:	
1 JAKINE	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s): Lois C Lopez,	Director
, - ,	
	ſ
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	C. Lopez
4.013	C. Lopet
7 30 F	fadeira Ave # 4
	l bables, FL 33131
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	ez "
The <u>name and address</u> of the Incorporator is: Juis C. Lop 30 Madeira	Ave ±4
	es, FL 33134
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Having been hamed as registered agent to accept service of process for the above stated corner.	ation at the place design and in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity
fi Coppe	11-09-01
Signature/Registered Agent	Date
Ma Cr A	11-09-01
V Signature/Incorporator	Date

ARTICLES OF INCORPORATION