Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name : HUBCO

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FLORIDA PROFIT CORPORATION OR P.A.

LCM Studios Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 (4) |
| Estimated Charge | \$78.75 |

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3/7/02

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:

LCM Studios Inc.

ARTICLE II PRINCIPAL OFFICE

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

LCM Studios Inc. 110 N. Green Dolphin Drive Cape Haze, FL 33946

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Mark Golonka 110 N. Green Dolphin Drive Cape Haze, FL 33946

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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):

Mark Golonka 110 N. Green Dolphin Drive Cape Haze, FL 33946

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

_____7th _day of ____ March ____ 2002.

Mark Golonka - 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: | TCM SIMILOS INC. | |
|--|--|--|
| • | | |
| 2. The name and address of the registe | ered agent and office is: | |
| | Mark Golonka | |
| | Name | |
| | 110 N. Green Dolphin Drive | |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | |
| | Cape Haze, FL 33946 | |
| | (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.

Mark Golonka **SIGNATURE**

March 7, 2002

(Date)