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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From-

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Phone : (305)599-0839 Fax Number : (305)716-0346 D2 MAR 28 PM 3: 57

FLORIDA PROFIT CORPORATION OR P.A.

UNIVERSITY ADULT VIDEO, INC.

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

of

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UNIVERS:	ITY ADULT VIDEO,	INC.		
	(nume of corporation	 	<u> </u>	
he undersigned subscriber(s) to these Artic	cles of Incomposation, natu	ral person(s) compet	tent to contract, here	by form a
ne undersigned subscriber(s) to these Arm reporation under the laws of the State of F	larida.	And Brand A		•
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	ARTICLE I - CORPORAT	TE NAME	سر مدر	
he name of the corporation is:	i	}	<u>, </u>	5 P.Z-
UNIVERSITY ADULT	WEREN THE	:	C	
THOUSE INTENDITION	ABDRO' THO:	1		
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	ARTICLE II - DURA		ų.	STATE RATIO
	ARTICLE II - DUKA	TION	9	기 ≅~
				is .
This corporation shall exist perpetually unl	less dissolved according to) Florida law.		
•) E		•
	ARTICLE III - PUR	POSE		
	filti i i i i i i i i i i i i i i i i i i	:		
		•		
United States and the State of Florida.			•	
	ARTICLE IV- CAPITAI	L STOCK		
The corporation is authorized to issue	One hundred sh		One	
	Common Stock, which shi			
	Tall			
		•		
ARTICLE	V - INITIAL REG <mark>ISTE</mark> REL) OFFICE AND AGI	ENT	
at a surre en				·- •
The street address of the Initial Registered	d Agent office and the nam	ne of the initial Kega	stered Agent at that	Office 12:
Bring Banch				
NAME Brian Pasch	<u></u>			
ADDRESS 2509 W. Brow	ard Boulevard	i.		
		- Andrews a		zip 3331
CITY Fort Lauderd	ale r	LORIDA		ZIP JUUL
The principal office, if known, or the mai	iling address of the corpora	ation is:		
NAME University Adult V	ideo, Inc.			
ADDRESS 2509 W. Broward	Boulevard		······································	
cmy Fort Lauderdale	` F	LORIDA		ZIP 3331

of the initial director(s) of the corporation are	the By-Laws, but shall never be less than one (I as follows:	
NAME Brian Pasch , Presiden	t	
ADDRESS 2509 W. Broward Bou	levard	
City Fort Lauderdale .	STATE Fiorida	ZIP 3331
NAME	<u>-</u>	•
ADDRESS		
CITY	STATE	ZIP
NAME	l	. ••.
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ADDRESS 2509 W. Broward Boul CITY Fort Lauderdale NAME ADDRESS CITY NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned su	STATE STATE STATE STATE STATE STATE	2119 rporation this 27th 1

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

UNIVERITY	ADULT	VIDEO,	INC
		_	

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

Rt 2509	W. Broward Boulevard	<u> </u>	
Fort	Lauderdale, Florida	33312	
has named	Brian Pasch		
located at the	aforesaid address, as its Regis	ered Acres	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

this state.