PO200004096/

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

FILED

02 APR -9 PM 12: 00

SECRETARY OF STATE TALLAHASSEE FLORIDA

) F	(LLANASSILE, LSIN-
SUBJECT:	utter Medi	CL TNC. TENAME-MUST INCL	UDE SUFFIX)
Taalaad is on origis	al and one(1) copy of the article		0052222113 -04/09/0201044004 ******70.00 *****70.00
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name (Pr	inted or typed)	
	ST PETERSBURG FL City, (727) 864	State & Zip	

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

Daytime Telephone number

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02 APR -9 PM 12: 00

(Do not write in this space)

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION FOR DOMESTIC PROFIT

Pursuant to the provisions of the Codes of Corporations for the State of FLORIDA, the undersigned as the duly authorized and acting, Chief Executive Officer, President, Secretary, Treasurer, Superintendent or Registered Agent in the State of FLORIDA, of the corporation named below for which this statement is submitted, under oath hereby state:

ARTICLE I

The name of the corporation shall be: CUTTER MEDIA , Inc.

ARTICLE II

The name and street address of the Registered Agent is:

Name SS# Street City State ZipCode Telephone

The Registered Agent is appointed by: TRAVIS A KNOUS PRESIDENT

Name and Title of Officer of Corporation

ARTICLE III

The principle place of business of this corporation shall be: 5925 25TH ST S ST PETERSBURG FL 33712-Apt # City State ZipCode The mailing address of this corporation shall be: 5925 25TH ST S ST PETERSBURG 33712-Street City Apt # State ZipCode The County in which the principle place of business of this corporation is located in is: PINELLAS

ARTICLE IV

Indicate type (CHECK ONE)	of Corporation					
	MOMOROGEZ		COOPERATIVE PUBLIC BENEAR MANAGEMENT		PROFESSIONAL INSURANCE RELIGIOUS	
			•			
			ARTICLE V	-		
The purpose for INDOOR ADVERTI	r which this co SING AND ANY OT	rporation HER LEGAL	is organized PURPOSE	shall be:	- 1.2	
						<u> </u>
			.	<u> </u>		<u>+</u>
			*D#T## ***			
			ARTICLE VI			
The starting da	ate of the corp	oration sh	all be: <u>04/01</u>	_/02		
The Fiscal year	of the corpor	ation shal	l end on the	last day of th	e month of <u>Dece</u>	mber
		;	ARTICLE VII			
Is the corporat Tax Closing Dat				io	<u>.</u>	. B .66
		1	ARTICLE VIII		. .	
The corporation	n will not comme and Dollars (\$1	ence busine 1,000.00) d	ess until con consisting of	sideration of	d to issue is: the value of at done or propert	
The names of al	l shareholders,	, and the f g at any or	of shares one time is:	f stock that t	his corporation	is
NAME	01500		UMBER OF SHARES	NUMBER OF SHARI		TO BE
NAME TRAVIS A KNOUS	CLASS	PER SHARE	AUTHORIZED	PROPOSED TO BE IS:		EFOR .
TRUTA A MIOOS	COMMON	1.00	7000	100	2100.	

	oplicable to	ers, preferences, right any class of stock or a tors:		
NONE				
	,			
State provision	ns limiting o	r denying to shareholde	ers the Preemptiv	ve Right to
**		f the Corporation.(If r		
NONE	 		·····	
Meeting of the of FLORIDA	shareholders	X shall shall not k	oe held outside t	the state
		ARTICLE IX	K	
The number of	Directors or	Officers constituting t	the initial Board	d of Directors of the
corporation is				
		·	-	÷ -
The names and	street addres	ses of the members of	the Board of Dire	ectors, or Officers
of the Corpora	tion are:			
NAME	TITLE	NUMBER AND STREET	CITY	STATE ZIPCODE
TRAVIS A KNOUS	PRESIDENT	5925 25TH STREET S	ST PETERSBURG	FL 33712-

The Board of Directors or Officers of the Corporation is not authorized to increase or decrease the number of Directors or Officers. If so authorized the minimum number, if any, shall be <u>1</u> Directors or Officers, and the maximum number, if any, shall be <u>3</u> Directors or Officers.

The initial Board of Directors shall serve as Directors until the First Annual Meeting of the Shareholders or until their successors are duly elected and qualified as provided in the By-Laws.

All powers and authority of the corporation shall be vested in and may be exercised by the Board of Directors except as otherwise provided by law, these Articles of Incorporation, or the By-Laws of the Corporation.

ARTICLE X

The name, social security	number and street add	dresses of the in	ncorporator(s) to these
Articles of Incorporation	are:		
NAME SS #	NUMBER AND STREET	CITY	STATE ZIPCODE
TRAVIS A KNOUS	5925 25TH STREET S	ST PETESBURG	FL 33712
The name and address of a	STREET CITY	fflient(if none s STATE ZIPO	
TRAVIS A KNOUS 5925 25TH S		ERSBURG FL 3371	
State the provisions for BY BOARD OF DIRECTORS	the regulation of the	internal affairs	s of the corporation.
	^ 20		
Will the corporation have	members? X Yes No	7 YT -	<u>.</u>
	AKIICH	z AI	
The value of assets of the	corporation are as	Follows: \$50.00	
The liabilities thereof a	ce \$50.00. The assets	and liabilities	indicated are as
of a date within six month	ns prior to filing the	ese Articles of I	Incorporation.
The maximum amount of capi time during the current Fi		intends to inves	st in the state at any
The distribution of assets BY SHARES OF STOCK		inal Liquidation	will be as follows:
The Standard Industrial Co of the corporation are:		-	•

The undersigned incorporator(s)	has (hav	e) executed these Articles of l , 2002.	Incorporation
this 28th day of March		, 2002.	
+		en e	
1 12		alaalaa	
Travis Knows		3/29/02	
Name		Title	
Name	* .	Title	
Name			
	,*		-
Name		Title	
(CORPORATE SEAL)			
•			
On the date above written,		, signed	i these Articles of
Incorporation in our presence, and at	his/her/the		a transfer of the second of th
1	1 ^	IL reduced he went bight onere interested	
witnesses in each other's presence.	علار از	5,8	
V built of		_	•
WITNESS: John 12 Johns	<u>6</u>	WITNESS:	
State of FLORIDA)			
County of PINELLAS		•	· ·
354115, 01			
Defere we a netary public in and	for said o	county and state, personally appeared	Travis a Knows
Before me, a notary public in and	2	me to be the same persons who executed	the foregoing Articles
mas dr	e known to	me to be the same persons who executed	Rela 1- and
of Incorporation and duly acknowledged	the execut	tion of the same, as well as	and and
who witnessed t	he signing	of the foregoing Articles of Incorpora	ation. In witness
whereof, I have hereunto subscribed my	name and	affixed my official seal, this $28tn$ d	ay of March,
A.D. 2002.			
		<i>(</i>	/ /
		Marian Eschaub 3	18/08
		Notary Public Maryanr	E. Schaub
			n # CC 918160
(notary seal)		2 Expires A	Tpril 19, 2004
		Atlantic B	ded Thru onding Co., Inc.
ene.		My Commision Expires:	—
7			
This Document was prepared By:			
Time pocuments was brokened pl.	Name	THE ACCOUNTING OFFICE	
·	ş - 	5580 PARK BLVD. #5	,
	7.11	PINELLAS PARK, FL 33781	e ZipCode
	Address	City Stat	a articode

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF THE STATUTES FOR THE STATE OF FLORIDA, 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 n	ame	of	the	corpo	ration	is:	CUTTER	MEDIA	,Inc.						
	The n					of the	reg:	istered	agent	and of	fice	is:				
5925	25TH	ST S	}					-								
ST PI	ETERSB	URG,	FL	33	712-			'	-							
Наулія	na hee	ກຸກຂ	med	as	reais	tered.	ageni	t and t	o acces	ot serv	ice c	fpr	ocess	for t	he abo	ove

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.

		3/29/	22
Signature	•	Date	- · ··
State of FLORIDA)			
County of PINELLAS)			
Before me, a notary pub	lic in and for said county and	state, personally appear	ed
who are known to me to be the s	ame person who executed the Ce	rtificate of Designation	of Registered
Agent/Registered Office are dul	y acknowledged the execution o	f the same. In witness w	hereof, I have hereunto
subscribed my name and affixed	my official seal, this 28tha	y of <u>March</u> , A.D	· 2002.

Notary ♥ublic Notary Public
Name:

Commission No.

Maryann E. Schaub
Commission #CC918160
Expires April 19, 2004

My Commission Expansion Atlantic Bonding Co., Inc.