## PD2000046311 TRANSMITTAL LETTER

02 APR 24 AM 8: 50

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE FLORIDA

400005337174--2 94/24/02-01066--005 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

| SUBJECT:             | Post Scripti                          | Production                 | US, LNC.         |             |
|----------------------|---------------------------------------|----------------------------|------------------|-------------|
|                      | / (PROPOSED CORPORA                   | TE NAME – MUST INCL        | UDE SUFFIX)      | <del></del> |
|                      | (oneword)                             |                            |                  |             |
|                      | Per                                   | •                          |                  | 5°          |
|                      | manus<br>4/29/02                      |                            |                  |             |
|                      | 4/24/02                               |                            |                  |             |
| Enclosed are an orig | ginal and one (1) copy of the art     | icles of incorporation and | d a check for:   |             |
|                      |                                       |                            |                  |             |
| \$70.00              | <b>\$78.75</b>                        | \$78.75                    | \$87.50          |             |
| Filing Fee           | Filing Fee                            | Filing Fee                 | Filing Fee,      |             |
| <b></b>              | & Certificate of Status               | & Certified Copy           | Certified Copy   |             |
|                      |                                       | 1                          | & Certificate of |             |
|                      |                                       |                            | Status           |             |
|                      |                                       | ADDITIONAL CO              | PY REQUIRED      |             |
|                      |                                       |                            |                  |             |
|                      | 21                                    | $\alpha$                   |                  |             |
| FROM:                | Marcus (                              | (Printed or typed)         |                  |             |
|                      | Name                                  | (Printed or typed)         |                  |             |
|                      |                                       | ,                          |                  |             |
|                      | 28471 U.S. 19 N<br>Address            |                            |                  |             |
|                      | Address                               |                            |                  |             |
|                      |                                       |                            |                  |             |
|                      | Classic to F1 33761                   |                            |                  |             |
|                      | Clearwater FL 33761 City, State & Zip |                            |                  |             |
|                      | City                                  | , same we sap              |                  |             |
|                      | <b>~</b>                              |                            | _                |             |
|                      | 800 40                                | 3 32 4/                    | · · ·            |             |
|                      | Daytime                               | Telephone number           |                  |             |

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

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| In compliance with Chapter 607 and/or Chapter 6                                                             | 21, F.S. (Profit) FILED                                                                                                                |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLE I NAME                                                                                              | 02 APR 24 AM 8: 50                                                                                                                     |
| The name of the corporation shall be: $\rho_0$                                                              | St Script Productions RETAIL STATE TALLAHASSEE FLORIDA                                                                                 |
| ARTICLE II PRINCIPAL OFFICE                                                                                 |                                                                                                                                        |
| The principal place of business/mailing address is:                                                         | Post Scrapt Productions June                                                                                                           |
|                                                                                                             | 28471 U.S. 19 N                                                                                                                        |
| ARTICLE III PURPOSE                                                                                         | Clearwater, PL 33761                                                                                                                   |
| The purpose for which the corporation is organize                                                           | ed is:                                                                                                                                 |
| Creation of Sales of                                                                                        | A Movoe Scropts + Other Fictional Works                                                                                                |
| ARTICLE IV SHARES The number of shares of stock is: (OO                                                     |                                                                                                                                        |
| /                                                                                                           | Marcus Carter / President P.O. Box 26421 Tampa, I=L 33623                                                                              |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the regis                                | * · · · · · · · · · · · · · · · · · · ·                                                                                                |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  *********************************** | Marcos Carter  J847/ U.S. 19 N  Clearwafer, FL 3376/  Marcos Carter  P.O. Box 2642/  Tawpa FL 33623  ********************************* |
| certificate, I am familiar with and accept the appointment a                                                | s registerea agent ana agree to act in this capacity                                                                                   |
|                                                                                                             | 4/5/02                                                                                                                                 |
| Signature/Registered Agent                                                                                  | Date                                                                                                                                   |

8ignature/Incorporator