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

SUBJECT:

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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osed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$ \$70.00	□ \$78.75	□ \$78.75	T #07 50	
Filing Fee	Filing Fee	Filing Fee	□ \$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
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FROM:	Christoph Name (Printed or typed)	NOVIS	and a second
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	Gaines ville City, S	PL 32	608	, 6 13 L/ -
407-963-6978				
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FLORIDA DE PARTMENT OF STATE Katherine Harris Secretary of State

April 1, 2002

CHRISTOPHER RYAN DAVIS 2330 S.W. WILLISTON RD. SUITE 334 GAINESVILLE, FL 32608

SUBJECT: CROSSOVER PRODUCTIONS INC.

Ref. Number: W02000008936

We have received your document for CROSSOVER PRODUCTIONS INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 502A00018976

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
sten Up
ARTICLE I NAME The name of the corporation shall be: Step Up Productions Inc.
The name of the corporation shall be: Productions Lnc.
ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2330 S.W. Williston Rol. Suite 33
Gainsville FL 32608
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is: 1000
ARTICLE IV SHARES
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ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): \[\begin{align*} \text{Vap} & \left(\text{Sign} \text{Vap} \tex
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Ryan Davis - C.E. E Suite South 33 2 330 S.W. Willistan Rd. Suite South 33
2330 5.00, 50,11,5 70, 20, 10
ARTICLE VI REGISTERED AGENT Gainesulle FL 32608
The name and Florida street address of the registered agent is: Ryan Davis
2330 S.W. Williston Rd. Suite. 33
ARTICLE VII INCORPORATOR Gaines VIIIe FL 32608
The name and address of the Incorporator is:
Jason Trusler
5880 Auvers Blvd. Apt. 203
Orlando, FL 32807

Having been named as registered agent to accept service of process for the above stated corporation at
the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Mit O
Choustophie Kym 102
Signature/Registered Agent Date Date
Christopher Ron Dou't 3/19/02
Printed Name/Registered Agent Date Date
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Signature Aneorporator Date Date
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Printed Name/Incorporator Date Date