Division of Corporations

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FLORIDA PROFIT CORPORATION OR P.A.

Resubmit as = Full Grale Pictures

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Inc

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 12, 2002

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SUBJECT: FULL CIRCLE PRODUCTIONS INC. REF: W02000026636

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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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

Full Circle Pictures Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

> Full Circle Pictures Inc. 54 NE 43rd Street

Miami, FL 33137

The name of the corporation shall be:

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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:

> Andrew Schefter 8250 NE 12th Avenue Miami, FL 33138

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):

Jon Jacobs 54 NE 43rd St. Miami, FL 33137 Andrew Schefter 8250 NE 12th Ave. Miami, FL 33138

Miguel Delgado 920 SW 7th Ave. Miami, FL 32130

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

11th day of September 2002.

Jon Jacobs - Signature

Andrew Schefter - Signatury

Miguel Delgado Signatur

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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: Full Circle Pictures Inc.

2. The name and address of the registered agent and office is:

Andrew Schefter	AIR:
Name	5[[
8250 NE 12th Ave	
(P.O. Box or Mail Drop Box NOT Acceptable)	OKIL
Miami. FL 33138	β

(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.

Aildrew Schefter SIGNATURE September 11th, 2002 (Date)

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