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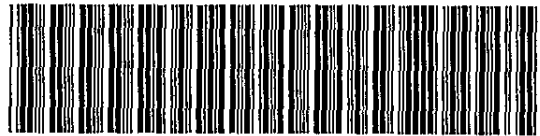
(Business Entity Name)

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03/27/03--01050--024 **78.75

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03 MAR 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bm 4/2

LAW OFFICE OF
H. VERNON DAVIDS, P.A.

590 Tamiami Trail
North Port Charlotte, FL 33953
Voice: (941) 764-8110
Fax: (941) 764-8115

165 West Green Street
Englewood, FL 34223
Voice (941) 475-7922
Fax (941) 475-6105

March 24, 2003

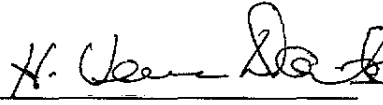
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: FAMILY FISHING, INC.

Enclosed is an original and one (1) copy of the articles of incorporation for FAMILY FISHING, INC. together with a check in the amount of \$78.75 for the filing fee and a certified copy.

FROM: H. Vernon Davids
590 Tamiami Trail, Suite One
Port Charlotte, FL 33953
941-764-8110

Please respond to the Port Charlotte address.


H. Vernon Davids

ARTICLES OF INCORPORATION OF FAMILY FISHING, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopts the following articles of incorporation:

ARTICLE I - NAME

The name of the corporation shall be: FAMILY FISHING, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address shall be:

590 Tamiami Trail, Suite One, Port Charlotte, FL 33953

ARTICLE III - SHARES

The aggregate number of shares that the corporation has authority to issue is 1,500 all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is H. Vernon Davids, 590 Tamiami Trail, Suite One, Port Charlotte, Florida 33953

ARTICLE V - INCORPORATOR

The name and address of the Incorporator is H. Vernon Davids, 590 Tamiami Trail, Suite One, Port Charlotte, FL 33953.

H. Vernon Davids

Incorporator

03/24/2003

Date

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for FAMILY FISHING, INC. 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.

H. Vernon Davids

Registered Agent

03/24/2003

Date

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TALLAHASSEE, FLORIDA