

PO3000102064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

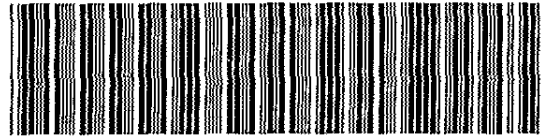
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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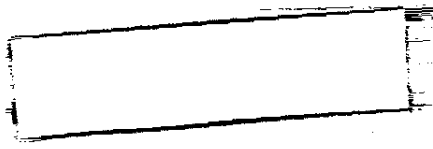
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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9/17/03

LETTER OF TRANSMITTAL

DATE 9/10/03



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

Re: Nancy Miller Productions, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours..

Nancy Miller
(Individual's Name)

Nancy Miller Productions
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
2433 Hickory Avenue		
Sarasota, FL 34234		
PHONE		
(941)	379-5123	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

Nancy Miller Productions, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Nancy Miller Productions, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
2433 Hickory Avenue			
CITY	Sarasota	FLORIDA	ZIP 34234

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Nancy Miller		
ADDRESS	2433 Hickory Avenue		
CITY	Sarasota	FLORIDA	ZIP 34234

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TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

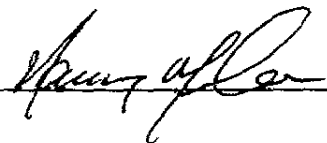
NAME	Nancy Miller		
ADDRESS	2433 Hickory Avenue		
CITY	Sarasota	STATE	FL ZIP 34234
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Nancy Miller		
ADDRESS	2433 Hickory Avenue		
CITY	Sarasota	STATE	FL ZIP 34234
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 10th day of September, 192003.


 _____ (Signature)
 _____ (Signature)
 _____ (Signature)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Nancy Miller Productions, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2433 Hickory Avenue

Sarasota, FL 34234

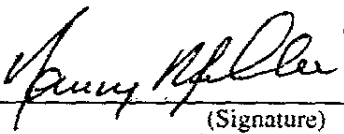
has named Nancy Miller

located at the aforesaid address, as its registered agent to accept service of process within this state.

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 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Signature)

Sept. 10, 2003
(Date)