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SECRETARY OF STATE

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## TRANSMITTAL LETTER

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

SUBJECT:	LE I ENTERTAINVIENT, III		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
ruing ree	& Certificate of Status	& Certified Copy	Certified Copy
	& Certificate of Status	& Certifica Copy	& Certificate of
			Status
		ADDITIONAL CO	•
		ADDITIONAL CO	PY REQUIRED
FROM: P	ATRICIA J. PRIEST		
rkow		(Printed or typed)	
	723 PONCE DE LEON BL		
		Address	
	DELLEAD EL 22756		
	BELLEAIR, FL 33756		
	City	, State & Zip	
	310-291-4241		
	Daytime '	Telephone number	

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

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## SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLES OF INCORPORATION

1.	The name of the corporation shall be: Little T Entertainment, Inc.
2.	The principal place of business and mailing address of the corporation is:  723 Ponce De Leon Blvd.  Belleair, FL 33756
3.	The purpose for which the corporation is organized is:  Film Production and all legal business activities.
4.	The corporation shall have the authority to issue 1000 shares of stock.
	The registered agent of the corporation is Patricia J. Priest and the gistered street address is: 723 Ponce De Leon Blvd. Belleair, FL 33756
6.	The initial Borad of Directors shall have
	The incorporator of this corporation is Patricia J. Priest whose eet address is: 723 Ponce De Leon Blvd. Belleair, FL 33756
	Dated: 114/04 Jatricia Wert Incorporator
	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 am familiar with and accept the obligations of my position as registered agent.
	Dated: - ILUIOU Registered Agent