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DIVISION 20 AN IO: 45

TRANSMITTAL LETTER

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

CT: Integ	rated Show Management, I	nc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
d are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: K	eith Spillane	(Printed or typed)	
	2818 Rollman Road		
·		Address	
	Orlando, FL 32837		
	City,	State & Zip	
	(407) 857-6801	Celephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

INTEGRATED SHOW MANAGEMENT, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11310 S. Orange Blossom Trail Suite 139 Orlando, FL 32837

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Show and Convention Management and anything that is legal

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Keith Spillane, Pres 2818 Rollman Road Orlando, FL 32837

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Keith Spillane, 2818 Rollman Road Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith Spillane, 2818 Rollman Road Orlando, FL 32837

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

Signature/Registered Agent

May 17, 2004

Date

May 17, 2004

Date

Signature/Incorporator