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(Business Entity Name)

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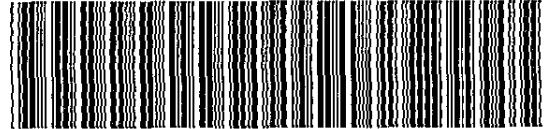
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DIVISION OF CORPORATIONS  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: STORMWATER ENTERTAINMENT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: ANGELICA WITHERSPOON  
Name (Printed or typed)

2074 MIDYETTE RD. APT. 718  
Address

TALLAHASSEE, FL 32301  
City, State & Zip

(850) 219-9633  
Daytime Telephone 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)

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TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be **Stormwater Entertainment, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2074 Midyette Rd. Suite 718 Tallahassee, Florida 32301.

### ARTICLE III PURPOSE

The purpose of Stormwater Entertainment, Inc. is produce films and videos for the general viewing public. It also seeks to invest into other entities that celebrate the arts, in order to enrich our communities.

### ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares

### ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Angelica Witherspoon,

2074 Midyette Road, Apt. 718

Tallahassee, FI 32301

### ARTICLE VI REGISTERED AGENT

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

Angelica Witherspoon,

2074 Midyette Road, Apt. 718

Tallahassee, FI 32301

### ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Angelica Witherspoon,

2074 Midyette Road, Apt. 718

Tallahassee, FI 32301

\*\*\*\*\*  
*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*

Angelica Wickenspoon  
Signature/Registered Agent

9/10/04  
Date

Angelica Wickenspoon  
Signature/Incorporator

9/10/04  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA