

P05000056317

(Requestor's Name)

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(City/State/Zip/Phone #)

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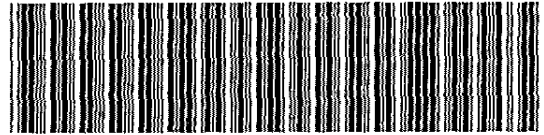
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: GROOVE 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: JUDE CABROUET
Name (Printed or typed)

PO BOX 19006

Address

TAMPA FLORIDA 33686

City, State & Zip

1(800)880-7850

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 29, 2005

JUDE CABROUET
P.O. BOX 19006
TAMPA, FL 33686

SUBJECT: GROOVE INC
Ref. Number: W05000015976

We have received your document for GROOVE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 605A00021284

TRANSMITTAL LETTER

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

SUBJECT: GROOVE ENTERTAINMENT MAGAZINE 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: JUDE CABROUET
Name (Printed or typed)

PO BOX 19006
Address

TAMPA, FL, 33686
City, State & Zip

1(800)880-7850
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)

ARTICLE I NAME

The name of the corporation shall be:

GROOVE ENTERTAINMENT MAGAZINE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 19006
TAMPA FL 33686

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ENTERTAINMENT MAGAZINE

ARTICLE IV SHARES

The number of shares of stock is:
2,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CAPITOL PUBLISHING INC
5251 SOUTH DALE MABRY HWY
TAMPA 33611

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CAPITOL PUBLISHING INC
5251 SOUTH DALE MABRY HWY
TAMPA FL 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUDE CABROUET
PO BOX 19006
TAMPA FL 33686

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

Jude Cabrouet

Signature/Registered Agent

4-8-2005

Date

Jude Cabrouet

Signature/Incorporator

4-8-2005

Date

FILED
05 MAR 23 AM 10:50
TAMPA, FLORIDA