

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

15 MAY 17 AM 10: CO

FLORIDA PROFIT CORPORATION OR P.A.

Buffoons Films, Inc.

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ARTICLES OF INCORPORATION

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OF

Buffoons Films, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Buffoons Films, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 50 S.W. 10th St., Suite 1103, Miami, FL 33130.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is twenty (20) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Barry Lieber Esq., 1001 Brickell Bay Dr., Suite 1704, Miami, FL 33131.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President: Oscar Chequer, 50 S.W. 10th St., Suite 1103, Miami, FL 33130.

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 17th day of May 2005. Your Capital Connection, Inc., by Stacey Piland, Client Representative

05/17 '05 11:55 NO.859 04/04

850 222 1222

CAPITAL CONNECTION

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Resident Brown Court

2005 MAY 17 AM 10: 00

TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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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