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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (City/State/Zip/Prione #)               |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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## TRANSMITTAL LETTER

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

| SUBJECT:                | DC VIDEO COM, INC.                                  |  |  |  |
|-------------------------|---|--|--|--|
| 5000EC1                 | (PROPOSED CORPORA                                   | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |  |
| Enclosed are an orig    | inal and one (1) copy of the arti                   | icles of incorporation and                         | a check for:   |  |
| □ \$70.00<br>Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status        | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |  |
| FROM:                   | Lancaster Tax Service, Inc. Name (Printed or typed) |  |  |  |
|                         |   | ancaster Rd<br>Address                             |  |  |
|                         | Orlando, FL 32809<br>City, State & Zip              |  |  |  |
|                         | 407-85  | 7-5229   |  |  |

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:

DC VIDEO COM, INC.

FILED 06 FEB 23 PM 12: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5019 Ferncrest Drive Winter Park Florida 32792

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Entertainment and any legal purpose

#### ARTICLE IV SHARES

The number of shares of stock is: 10000 at par value of \$1.00 each

#### INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Santana, Matilde Pres. Villarroel, Omar V-Pres 5019 Ferncrest Dr

Winter Park FL 32792

Villarroel, Magno Tres

Villarroel, Edward Sec Villarroel, Henry Dir Villarroel,Lirio

Address for Pres., V-Pre., Sec. and Diectors is as

676 Newburyport Ave Altamonte Spgs, Florida 32701

#### REGISTERED AGENT ARTICLE VI

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

Santana, Matilde 5019 Ferncrest Dr Winter Park FI 32792

#### INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Santana, Matilde 5019 Ferncrest Dr Winter Park, FI 32792

| 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 agen |  |
| 2/1/01  |  |
| Matildo Santana   | 02/02/2006   |
|   | <del></del>  |

| man all all                  | 02/02/2000 |
|------------------------------|------------|
| / Signature/Registered Agent | Date       |
| Matolde Santana              | 02/02/2006 |
| Signature/Incorporator       | Date       |