3-14-206 3:24PM

FROM S GOLDSMITH ATTY 941 955 4997

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW

Account Number : 1200000000069
Phone : (941)955-4990
Fax Number : (941)955-4997

FLORIDA PROFIT/NON PROFIT CORPORATION

JLK Entertainment, Inc.

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ARTICLES OF INCORPORATION

of

JLK ENTERTAINMENT, INC.

FIRST:

The name of the Corporation shall be JLK ENTERTAINMENT, INC., The principal mailing address of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the Corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The Corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The Registered Agent for the Corporation shall be:

STANLEY A. GOLDSMITH 1605 Main Street, Suite 1001 Sarasota, Florida 34236

SIXTH:

To the Incorporator of JLK ENTERTAINMENT, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

Stanley A Coldsmith

SEVENTII:

The Incorporator of JLK ENTERTAINMENT, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

STANCEY A. GOLDSMITH 1605 Main Street, Suite 1001 Sarasota, Florida 34236 3-14-206 3:25PM

FROM S GOLDSMITH ATTY 941 955 4997

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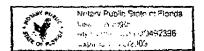
EIGHTH

The initial Board of Directors of the Corporation shall consist of ONE (1) member:

Judy Landers-Niedenfuer 4048 Las Palmas Way Sarasota, Florida 34238

STATE OF FLORIDA) COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of JLK ENTERTAINMENT, INC., were acknowledged before me this 3 day of Manch 2004 by STANLEY A. GOLDSMITH as Incorporator and Registered Agent. He is personally known to me or has produced as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of

POOCA, and my commission
expires on 11 20 CA

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