## P12000087692

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  WORF CORNECTION OF
NAME CONNECTION OF DIRECTOR PER TELEPHONE
CONVERSATION WITH SUSANNA GOODE,
10/17/12
<del></del>

Office Use Only



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ALLANASSEE FLORID

10/17/12

## **COVER LETTER**

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

SUBJECT: WEBCAST PRODUCTION MANAGEM	IENT, INC	
(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the a	articles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REQUIRED
SUSANNA GOODE		
FROM: SUSANNA GOODE Nat	me (Printed or typed)	
1212 CORTEZ STREET		
	Address	_
CORAL GABLES, FLORIDA 33134		
Cit	y, State & Zip	
305-546-3266		
Daytime	Telephone number	
USAVCHUK@YAHOO.COM		
E-mail address: (to be u	sed for future annual report	notification)

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 The name of the	NAME corporation shall be: Webcast Production N	fanagement, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	iress, if different is:
	259 S.E. 1st Terrace	Same	•
	Deerfield Beach, FL 33441		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
Profiit			
RTICLE IV	SHARES		
ne number or sh	ares of stock is: One Hundred (100)		
RTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	:
	Title Tulia Barchuk TULZIA SA	VCHUK Name and Title: President a	nd Director
Address:	259 S.E. 1st Terrace	Address:	
	Deerfield Beach, FL 33441		
		· · · · · · · · · · · · · · · · · · ·	
Name o-d 7	Cial a.	Name and White	
Dus aurasi	Title:	Name and Title:	
Address:			
		•	
Name and T	itle:	Name and Title:	
Address:		Address:	
		<del> </del>	
RTICLE VI	REGISTERED AGENT		<del></del> ,
	orlda street address (P.O. Box NOT accept	able) of the registered agent is:	ALL:
Name:			FS 0 5
Address:	1200 South Pine Island Road	<del></del>	
	Plantation, Florida 33324,		grows -
			77 - UT 5"
RTICLE VII	INCORPORATOR		mile za est
e <u>name and ad</u>	dress of the Incorporator is:		
Name:	Susanna Goode		the same in
Address:	1212 Cortez Street		
	Coral Gab les, FL 33134		== 55 =================================
	ed as registered agent to accept service of a manifer with a full accept the appointment C T Corporation System		n this capacity
1 1/0	day may	LANCHING CROCKINA	10-10-12
	Required Signature/Registered	ecial Assistant Secreta	Date
	j 97		•
ubnit this Adeu	ment and affirm that the facts stated here	Ni are time. I am aware that the fals	re information submitted in a
	ment and affirm that the facts stated here epartment of State constitutes a third degree		
	ment and affirm that the facts stated here epartment of State constitutes a third degree		