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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: DVENT@BELLSOUTH.NET

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DIGITAL VIDEO ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

9/30/14

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**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: DIGITAL VIDEO ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

8 ROYAL PALM WAY #304BOCA RATON, FL 33432

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: CONSULTING & MARKETING

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
14 SEP 29 AM 9:30

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: GEORGE IOANNOU, PRES Name and Title: \_\_\_\_\_

Address: 8 ROYAL PALM WAY Address: \_\_\_\_\_  
BOCA RATON, FL 33432

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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

Name: GEORGE IOANNOU  
Address: 8 ROYAL PALM WAY  
BOCA RATON, FL 33432

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GEORGE IOANNOU  
Address: 8 ROYAL PALM WAY  
BOCA RATON, FL 33432

*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*

✓  \_\_\_\_\_  
Required Signature/Registered Agent

9/29/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

✓  \_\_\_\_\_  
Required Signature/Incorporator

9/29/14  
Date

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