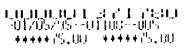


Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



SUBJECT: p 25 Proposed corporate name)

FROM:

Name

322 HOWELL STREET

Address

St. GERRE ISMNO FL. 32305

City, State, & Zip

(924) 921 - 2806

Telephone Number

JAN 6 19951 BSB

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

QE

FILED
CTUAN +5 PM 2: 47
CTURETARY CASTAGE
A

O & B. PUBLISHING, JUL

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

ARTICLE I NAME

The name of the corporation shall be:

OIB. PUBLISHING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

H.C.R BIX 21 322 HOWELL STREET ST. LEURGE ISLAND, FL. 31318

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND SHACKS.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PAUL IN LEWBON 324 HOWELL ST. ST. 6-EDNIK ISLAND, 14 92328

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

PHIL DESERVE

HER GL BIRST

ST. GERRER ESTAVO, FL 32328

RICK BURNUSS

HER BORNESS

HER BORNESS

INTER BORNESS

IDATTY BEORNSLEY

P.O. BOX 912

EAST DOINT, FL. 34328

CERTIFICATE OF DESIGNATION BEGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: p. y B. P. B. Isa in the Jan.	
2. The name and address of the registered	
PAUL IN LUN (NAME)	
(P.O. BOX NOT ACCEPTABLE)	
(CITY/STATE/ZIP)	
(CITY/STATE	E/ZIP)
	OATE
HAVING BEEN NAMED AS REGISTER PROCESS FOR THE ABOVE STATED COTHIS CERTIFICATE, I HEREBY ACCEPT AND AGREE TO ACT IN THIS CAPACITY PROVISIONS OF ALL STATUTES RELATFORMANCE OF MY DUTIES, AND I AM TIONS OF MY POSITION AS REGISTERE	ED AGENT AND TO ACCEPT SERVICE OF ORPORATION AT THE PLACE DESIGNATED IN THE APPOINTMENT AS REGISTERED AGENT IN THE AGREE TO COMPLY WITH THE TING TO THE PROPER AND COMPLETE PERFAMILIAR WITH AND ACCEPT THE OBLIGA-