

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-9171
904-222-0193 FAX

800-342-8086

P95000007809

CSC networks

95 JAN 30 PM 4:12

DIVISION OF CORPORATION

MAIL TO:
P.O. Box 5028
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 532492 145119A

AUTHORIZATION :

Patricia Pyritz

COST LIMIT : 9 70

ORDER DATE : January 30, 1995

ORDER TIME : 3:40 PM

300001398403

ORDER NO. : 532492

CUSTOMER NO: 145119A

CUSTOMER: Ms. Fern Miller
MS. FERN MILLER

711 Addidas Road

Winter Springs, FL 32708

DOMESTIC FILING

P95000007809

NAME: FERN MILLER, INC.

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

Th
1-31-95
01

FILED
95 JAN 30 PM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
FERN MILLER, INC.

FILED
95 JAN 30 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

FERN MILLER, INC.

The address of the principal office of this corporation shall be 711 Addidas Road, Winter Springs, Florida 32708, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

Fern Miller

711 Addidas Road
Winter Springs, Florida 32708

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on January 30, 1995.

Gail Shelby
Its Agent, Gail Shelby
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: *James Shelby*
Authorized Service Representative
Corporation Service Company

JAB/gls

95000007809

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
-222-9171 FAX

800-342-8086



ACCOUNT NO. : 072100000032
REFERENCE : 901266 145119A
AUTHORIZATION : *Patricia Piquito*
COST LIMIT : \$ 35.00

ORDER DATE : March 29, 1996

ORDER TIME : 10:32 AM

ORDER NO. : 901266

CUSTOMER NO: 145119A

CUSTOMER: Ms. Fern Miller
Ms. Fern Miller
711 Addidas Road

Winter Springs, FL 32708

1300000780934

DOMESTIC AMENDMENT FILING

NAME: FERN MILLER INC.

FILED
96 APR -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W96000007346

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

4/18
[Signature]
Change

RECEIVED
96 APR -8 AM 8 08
DIVISION OF REGISTRATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 4, 1996

Resubmitting Again

CSC NETWORKS
CARINA
TALLAHASSEE, FL

SUBJECT: FERN MILLER, INC.
Ref. Number: P95000007809

*Please give original submission date as the file date.
Thanks,
Cannon*

✓ We have received your document for FERN MILLER, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

✓ The current name of the entity is as referenced above. Please correct your document accordingly.

✓ The name and ^{*}specific capacity of the person signing the document must be indicated beneath the signature.

Must be an officer or chairman or

If an amendment was approved by the shareholders, the date of adoption of the amendment and one of the following statements must be contained in the document:

Vice-Chairman

✓ (1) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval.

When adopted

(2) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

by Shareholders

If an amendment was adopted by the incorporators or board of directors without shareholder action, a statement to that effect and that shareholder action was not required must be contained in the document.

✓ The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6957.

Joy Moon-French

96 APR -5 PM 1:30
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA



890 Northern Way, Suite A-1
Winter Springs, FL 32708

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS (if known)

P95000007809

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent ✓ |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

100002308521--3
-10/01/97--01044--012
*****35.00 *****35.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

10-397
CC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT - 1 PM 3:12

Examiner's Initials **CC**

Florida Department of State, Sandra B. Mortham, Secretary of State

*** FILING FEE: \$35.00 ***

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FM Communications Inc.

2. The mailing address of the corporation is: 711 Adidas Rd Winter Springs FL 32708

3. Date of incorporation/qualification: 01/30/95 Document number: P95000007809

4. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BARNOCKY'S ACCOUNTING & TAX SERVICE INC. 890 NORTHERN WAY SUITE A-1 WINTER SPRINGS FL 32708-3880

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT - 1 PM 3:12

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature of Fern Miller] (Signature of an officer, chairman or vice chairman of the board)

9/25/97 (Date)

FERN MILLER, PRESIDENT (Printed or typed name and title)

9/25/97 (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature of John A. Barnocky] (Signature of Registered Agent)

9/25/97 (Date)

If signing on behalf of an entity:

JOHN A. BARNOCKY PRESIDENT (Typed or Printed Name) (Capacity)