

P.95000018806

(SAMPLE LETTER OF TRANSMITTAL)

Date  
FEBRUARY 20, 1995

Secretary of State  
Division of Corporations

P.O. Box 627 407 E. Gaines Street  
Tallahassee, FL 32314 32399

Re: IMPACT MEDIA TELEVISION & MOTION PICTURE, Inc.  
(name of corporation)

300001422418  
-03/07/95--01051--013  
\*\*\*\*122.50 \*\*\*\*122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check for the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Registered Agent Designation for the above named corporation.

Very truly yours,

JANET CEGELKA  
(individual's name)

IMPACT MEDIA TELEVISION & MOTION PICTURE  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
49 ALAFAYA WOODS BLVD		
OVIDO, FL 32765		
PHONE		
(407)	366-7971	Ext.
Area Code	Number	

## ARTICLES OF INCORPORATION

of

IMPACT MEDIA TELEVISION & MOTION PICTURE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

IMPACT MEDIA TELEVISION & MOTION PICTURE, INC.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue TEN THOUSAND shares (10,000) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>JANET CEGELKA</u>		
ADDRESS	<u>49 ALAFAYA WOODS BLVD</u>		
CITY	<u>OVIEDO, FL 32765</u>	FLORIDA	ZIP

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>IMPACT MEDIA TELEVISION AND MOTION PICTURE, INC.</u>		
ADDRESS	<u>49 ALAFAYA WOODS BLVD</u>		
CITY	<u>OVIEDO, FL 32765</u>	FLORIDA	ZIP

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>JANET CEGELKA</u>		
ADDRESS	<u>211 BEAR CREEK CIRCLE</u>		
CITY	<u>WINTER SPRINGS, FL 32765</u>	STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED  
95 MAR 26 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JADET GEDELKA		
ADDRESS	711 DEAR CREEK CIRCLE		
CITY	WINTER SPRINGS, FL. 32765	STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_(Seal)

\_\_\_\_\_(Seal)

\_\_\_\_\_(Seal)

STATE OF FLORIDA

)

SS

COUNTY OF \_\_\_\_\_ )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Jadet Gedelka  
Signature

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person, as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

IMPACT MEDIA TELEVISION & MOTION PICTURE, INC.  
(name of corporation)

FILED  
95 MAR -6 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 49 ALAFAYA WOODS BLVD  
OVIEDO, FL 32765

has named JANET CEGELKA  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Janet Cegelka  
(registered agent)