# P950000 43085

#### TRANSMITTAL LETTER

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

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SUBJECT: 42 PRODUCTIONS, INC.

I enclose an original and 1 copy of the Articles of Incorporation for the above corporation and a check in the amount of \$ 70.00.

From : Richard A. Carlson

1800 Second St. Suite 808

Sarasota, FL 34236 Tel : (813) 366-4647 P95 HAY 25 AH II: I
SECRELARY OF STAT

#### ARTICLES OF INCORPORATION OF 42 PRODUCTIONS, INC.

#### ARTICLE I NAME

The name of the corporation shall be:

42 PRODUCTIONS, INC.



#### ARTICLE II PRINCIPAL OFFICE

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

1800 Second Street, Suite 808 Sarasota, FL 34236

#### ARTICLE III CAPITAL STOCK

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

200 000

### ARITCLE IV INITIAL REGISTERED AGENT AND ADDRESS

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

Richard A. Carlson 1800 Second St. Suite 808 Sarasota, FL 34236

	The undersigned has executed these Articles of Incorporation this	2472.	
day of	May 1995		

## CERTIFICATE OF DESIGNATION REGISTERED 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 :	
	42 PRODUCTIONS, INC.	
2.	The name and address of the registered agent and office is :	
	Richard A. Carlson 1800 Second St. Suite 808 Sarasota, FL 34236	FILE 1995 NAY 25 SECRETARY 1 TALLAHASSEI
Signa	ature: MH laz la.	M II: 10
Title	Director	DE O

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature :	Molarlan	
Date :	5/24/95	

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PLEASE READ	ALL INST	RUCTION	S BEFORE	COMPLE	TING THIS FORM	
APPLICATION 。 場場を	FLORIDA	DEPARTM	ENT OF STATE		THE PROPERTY OF THE PROPERTY O	
FOR SILIL		andra B. M		-	AND	
REINSTATEMENT Secretary of State			State		FILEU	
DOCUMENT #		DIVISION OF CORPORATIONS		-	96 SEP 24 PM 12: 0	0 !
1 Corporation Name	004308	55			SECRETARY OF STA	ιτε
42 PRODUCTIONS, INC.  Principal Place of Business Mailing Address					SECRETARY OF STA TALLAHASSEE. FLOP	ΫĪĀ
				-		
1800 SECOND STREET SUITE 808 SARASOTA FL 34236	1800 SECOND SARASOTA FL	COND STREET SUITE 808 TA FL 34236				
If above addresses are incorrect in any way, line that 2. New Principal Office Address, If Applicable	ough incorrect infoi	rmation and ente	I COTTOCION balow	REIN	STATEMENT "	7600
	3 New Mailing	Office Address, I	Date Incomprehense 4 Date Incomprehense Out		Dotaled or County and	
Si ito, Apt # etc	Suite, Apt #, etc	:		To Do Bus	piness in Florida 05/25/19	995
City & State	City & State			5. FEI Numbe	er T	Applied For
Zip Country				6.	0893491	Not Applicable
	Zip	Count	<i>'</i>	CERTIFICAT	TE OF STATUS DESIRED 1 S8 75 Addition	ional Fee required ificategg/ Status
7 Names and Street Addresses of Each Officer and/o	or Director (Florida	nonprofit corpor	ations must list at loa	st 3 directors)		TOWNS STREET
1 2 and/or Directors		Si	reet Address of Each ficer and/or Director se Post Office Box N		4 City / State / Zip	
PREME LAWRENCE T. LE	ecson 1	621 F	ield Rd.		SARA-SOTA FO	24231
MENT LAWRENCE T. LE	ivine s	-04 P/	KKVIEW	DR.	SARASOTA, FL	3 4202
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		<del></del>				
				<u>U</u>	00001973710 	07-5 -015
8. Name and Address of Current Re	gistered Agent					
<del></del>	<del></del>		Name	s. Name and A	ddress of New Registered Agent	
CARLSON, RICHARD A 1800 SECOND STREET SUITE 808		l	Street Address (P.C	90x Mumber le		(3/36)
SARASOTA FL 34236				. COX (TOINIDE) (	Not Acceptable)	CR2E040 (7/36)
		İ	Suite, Apt. #, Etc.			
		Ī	City		State Zip Code	,——
0 1, being appointed the registered agent of the above	named corporation	, am lamiliar with	and accept the oblig	ations of Section	0 607.0505 ES	
Registered Agent	STERED AGENT A		174 - 1		Date 9/18/96	
<ol> <li>Does this corporation pay any Dept. of Revenue under S. 19</li> </ol>	, intensible	4014045	V		(See other side for informa	ation
					on intangible tax.)	İ
2. I certify that I am an officer or director or the receiver this reinstatement application, the reason for dissolution owed by the corporation have been paid and the name on this application is true and accurate, and my signal.	or trustee empower on has been climina es of individuals has ure shall have the	red to execute th ated, the corpora ited on this form	is application as provi te name satisfies the do not qualify for an e	ided for in chapt requirements of exemption under	or 607 or 617, F.S. I further certify that v section 607.0401 or 617.0401, F.S., the r section 119.07(3)(i), F.S. The information	when filing at all fees
		не недат епес <u>т</u>	из п made under oat	th,	where we manifically	On moreated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #

SIGNATURE: