

P95000061449

TRANSMITTAL LETTER

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

SUBJECT: RIISING SUN BLACK BELT ACADEMY, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00 \$78.75 \$122.50 \$131.25

FROM: TAX RESEARCH
Name (printed or typed)

40347 U.S. HWY. 19 N Suite 136
Address

TARPON SPRINGS, FL. 34689
City, State & Zip

513-943-9500
Daytime Telephone number

Jim Collier, Sr. GAVE
AUTHORIZATION BY PHONE TO
CORRECT RA's Name
DATE 8-9-95
DOC. EXAM KWH

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

RISING SUN BLACK BELT ACADEMY, INC.

The undersigned incorporation(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:

RISING SUN BLACK BELT ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

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

10138 U.S. HWY 19
PORT RICHEY, FL. 34668-3743

ARTICLE III CAPITAL STOCK

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

100 SHARES NON PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JIM COLLIER SR.
40347 U.S. HWY 19 N
TARPON SPRINGS, FL. 34689

ARTICLE V INCORPORATOR(S)

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

SCOTT D. BATEY
10138 U.S HWY 19
PORT RICHEY, FL. 34668-3743

The Undersigned has (have) executed these Articles of Incorporation this
31st day of July, 1992.

Scott D. Batey / President
Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: RISING SUN BLACK
BELT ACADEMY, INC.

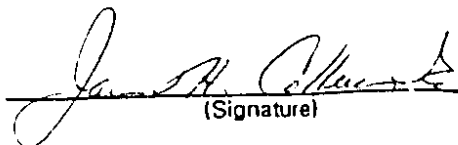
2. The name and address of the registered agent and office is:

Jim Collier Sr.
(Name)

40347 U.S. HWY 17 N Suite 136
(P.O. Box not acceptable)

TRIPLEX SPRINGS, FL. 34689
(City/State/Zip)

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)

SS-P95000061449

Aug. 1, 1995
59-3326362

Application for Employer Identification Number
(For use by employers and others. Please read the attached instructions before completing this form.)

OMB No 1545-0003
Expires 4-30-94

1 Name of applicant (True legal name) (See instructions.)
RISINA SAN BLACK BELT ACADEMY INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
10135 U.S. HWY 19

4b City, state, and ZIP code
PRIST RICHIEY FL 34668-3743

5a Address of business (See instructions.)

5b City, state, and ZIP code

6 County and state where principal business is located
PASCO FLORIDA

7 Name of principal officer, grantor, or general partner (See instructions.) ▶
SCOTT D. BATEY 481-76-7672

8a Type of entity (Check only one box.) (See instructions.)

Individual SSN

REMIC

State/local government

Other nonprofit organization (specify)

Other (specify) ▶

Estate

Plan administrator SSN

Other corporation (specify) SUB S

Federal government/military

Trust

Partnership

Farmers' cooperative

Church or church controlled organization

If nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country

State FLORIDA

9 Reason for applying (Check only one box.)

Started new business

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Chartered type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
7-31-95

11 Enter closing month of accounting year (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 10-1-95

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0" ▶

Nonagricultural 4 Agricultural 4 Household 4

14 Principal activity (See instructions.) ▶ KARATE SCHOOL

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Public (retail) Other (specify) ▶ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. Yes No

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly.) ▶ SCOTT D. BATEY Telephone number (include area code) 813-868-7196

Signature ▶ Scott D. Batey Date ▶ 7/31/95

Please leave blank ▶ Geo Ind C- Size Reason for applying

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