PALODO 153

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

or : \$70.00 Filing Fac	\$78.75 Filing Fee & Cartificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required		(D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	
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	Tampa	y, State & Zip	33615			
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(Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

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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:

MULTIMEDIA INSTITUTE, ITNC.

ARTICLE II PRINCIPAL OFFICE

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

8488 W. HILLSBOROUGH AVE. SUITE BID TAMPA, FL 33615

ARTICLE III SHARES

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

(7500) Seventy Five Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ANNE FROST 8488 W. Hillsborough Ave. Suite 310 Tampa, FL 33615

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ANNE FROST 8488 W. THUSBOROUGH AVE. SUITE 310 TAMPA, FL 33615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 TH day of FEBRUARY, 19 96.

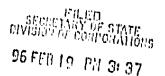
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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:	MULTIME	DIA TINS	דוטו∈,	 7\/C,
2.	The name and address of the regis	tered agent and office is	::		
	<u> </u>	DUNE FEOS	21		
	8488 (P.O. Bo	X or Mail Drop Box NOT A	coeptable)	tve., Suite	310
	TiAv	M-PA FI (CHY/STATE/ZIP)	33615		

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)

(DATE)