RECEIVED 96 OCT 11, PM 1: 38 Address DIVISION OF CORPORATION City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Marne) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Cocument #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time _ Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Marger ***REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials OCT 1 4 1996

ARTICLES OF INCORPORATION

- I The name of this corporation is ACQ Productions, Incorporated.
- II. The duration of this Corporation is perpetual.
- III This Corporation is orgnized under the laws of this this state to conduct any and all lawful business for which Corporations may be incorporated under Chapter 607.164.
- IV. The Corporation will have the authority to issue one million shares (1,000,000) common stock. Each share will have a par value of \$.001.
- V. The street address of its initial Registered Office is 1241 West tharpe Street, Suite #10, Tallahassee, Florida 32303. The Registered Agent at this address is Tiffany L. S. McGlockton. This is also Principal office and mailing address.
- VI. The number of members for its initial Board of Directors will be (2). The names and addresses of its initial Board members are:
 - 1.) Tiffany L.S. McGlockton, Post Office Box 292, Whiteville, North Carolina 28472
 - 2.) Hazel E. McGlockton, Post Office 292, Whiteville, North Carolina 28472
- VII. The name of the incorporator of this Corporation is Tiffany L. S. McGlockton. The address of the incorporator of this Corporation is Post Office Box 292 Smyrna Road, Whiteville, North Carolina 28472.

Dated this 4 day of 0 1996. IN WITNESS OF WHEREOF. The undersigned being the Incorporator of this Corporation have excuted these ARTICLES OF INCORPORATION.

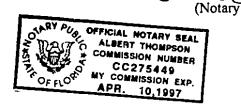
Signature of Incorporator:

State of Florida County of Leon

Before me, the undersigned authority, personally appeared IFANY L.S. MCGLOCKTON to me well known to be the person who excuted the foregoing Articles of Incorporation and acknowledge before me, according to law, that he have herein mentioned and set forth. IN WITNESS WHEREOF, I have hereunto set my hand and seal this herein the person who excuted the foregoing Articles of Incorporation and acknowledge before me, according to law, that he have herein the purposes therein mentioned and set forth. IN WITNESS WHEREOF, I have hereinto set my hand and seal this have herein the person who excuted the foregoing Articles of Incorporation and acknowledge before me, according to law, that he have herein the purposes therein mentioned and set forth. In WITNESS WHEREOF, I have hereinto set my hand and seal this have herein the person who excuted the foregoing Articles of Incorporation and acknowledge before me, according to law, that he have herein mentioned and set forth. In WITNESS WHEREOF, I have hereinto set my hand and seal this have herein mentioned and set forth.

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My commission expires:



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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:	ACQ	Produc	Haus , The
1241	istered agent and office of the second secon	MGLOCKTO St. 17 OT ACCEPTABLE)	96 DCT 14 PH 1: 49 SECRETATION OF STATE OF STAT

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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314