

P 960000 98975

TRANSMITTAL LETTER

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

SUBJECT: CYCLONE CABLE INC
(Proposed corporate name - must include suffix)

800002020928--6
-12/05/96--01059--005
*****70.00 *****70.00

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

AL CLARK

Name (printed or typed)

12600 S. BELLHUR RD SUITE 104E

Address

LANSO FL 33773

City, State & Zip

813-535-4211

Daytime Telephone number

called Al Clark, the spelling of
the corporate name is cyclone cable
the zip code of the address change to 33773

8N DEC - 9 1996

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

ARTICLES OF INCORPORATION

OF

CYCLONE CABLE INC.

FILED
96 DEC -5 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CYCLONE CABLE INC.

ARTICLE II PRINCIPAL OFFICE

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

475 PALM AVE N.
ST PETERSBURG FL. 33703

ARTICLE III SHARES

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

1000 SHARES
NO PAR.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AL CLARK
12600 S. BRECKNER RD
SUITE 104 E
LARGO FL. 34643
33773

K. Kuyumjian

ARTICLE V INCORPORATOR(S)

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

KRAIG KUPERSMITH
475 Palm Ave N.
ST PETERSBURG FL 33703

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

4 day of DECEMBER, 19 96.

XK Kupersmith / 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: CYCLONIE CABLE INC.

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

AL CLARK
(Name)

12600 S. BELCHER RD Suite 104E
(P.O. Box not acceptable)

Largo FL 33773
(City/State/Zip)

I 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.

Al Clark
(Signature)

12-04-90

FILED
96 DEC - 5 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA