

797000013776

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: N2 Productions, Inc.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED

97 FEB 12 PM 1:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AL FEB 12 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	2-12-97		
TIME	9:25		CK No. _____
BY	DR		

WALK-IN
 Will Pick Up _____

C.C. FEE. DISBURSED

<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Copy (s) <u>Photo</u>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name File		
Name Reservation	02/12/97-01071-014	*****70.00 *****70.00
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SUNCILANGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
N 2 PRODUCTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE_I

NAME

The name of this corporation shall be :

N 2 PRODUCTIONS, INC.

ARTICLE_II

PURPOSE

This corporation is organized for the purpose of transacting
any and all lawful business.

ARTICLE_III

CAPITAL_STOCK

This corporation is authorized to issue 1000 shares of
\$1.00 par value common stock.

ARTICLE_IV

INITIAL_REGISTERED_OFFICE_AND_AGENT

The street address of the initial registered office of this
corporation is:

441 S STATE RD 7 #15
MARGATE, FLORIDA 33068

and the initial registered agent of this corporation at the
above address is:

STUART HOWITT

ARTICLE_V

INITIAL_PRINCIPAL_OFFICE

The initial principal office of this corporation shall be:

8891 NW 45TH STREET
CORAL SPRINGS, FL. 33065

ARTICLE_VI

DIRECTORS

This corporation shall have one director initially. The number of Directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one. The name and address of the initial Directors of this corporation is:

MAURICE MOSS
8891 NW 45TH STREET
CORAL SPRINGS, FLORIDA 33065

ARTICLE_VII

INCORPORATOR

The name and address of the person signing these Articles is:

STUART HOWITT
441 S. STATE RD. 7 SUITE 15
MARGATE, FLORIDA 33068

ARTICLE_VIII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

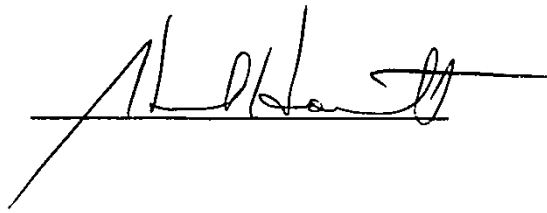
ARTICLE_IX
INDEMNIFICATION

The corporation shall indemnify any director or officer or former director or officer to the full extent permitted by law.

ARTICLE_X
AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 10th day of Feb, 1997.



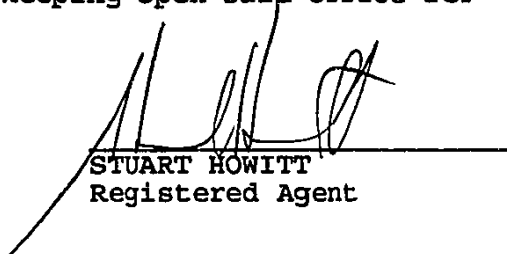
STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this _____ day of _____, 1997 personally appeared before me, the undersigned authority, _____, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

Notary Public

ACCEPTANCE_BY_REGISTERED_AGENT

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.



STUART HOWITT
Registered Agent

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TALLAHASSEE, FLORIDA