CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-8062 • Fax (904) 222-1222 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION 97 OCT 22 PM 3:18

OF

Imagineers Network, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Imagineers Network, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 150 Alhambra Circle, Suite 1250, Coral Gables, FL 33134.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five million (5,000,000) shares having no par value.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is William R. Burdette, 80 SW 8th Street, Suite 100, Miami, FL 33130.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 22nd day of October 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

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CERTIFICATE OF DESIGNATION SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE DIVISION OF CORPORATIONS

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Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

í.	The	name (of the c	orpo	ration	is: <u>Ima</u>	ineers Networ	k. Inc.	
			and str				e registered	l agent	and
			80 SW	8th	Street	, Suite	100		
		 	Miami	, Flo	orida 3	3130			

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.

William R. Burdette