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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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Tallahassee, FL 32314	•	-	*****([].[][]] ***
SUBJECT:	BRIGHT LIGHT (Proposed corpor	PRODUCTIONS, IN rate name - must include suff	C.
Enclosed is an original	and one(1) copy of the article	es of incorporation and a c	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 CO	PY REQUIRED
FROM: _	MICHAEL A. ALBANC Name (I) Printed or typed)	<u> </u>
	5849 Park St. N.	Unit #410 Address	<u> </u>
	St. PETERSBURG, I	FLA . 33709 , State & Zip	
	813- 544- 7268 Daytime	Telephone number	1114 5 0 1868
		e.Hall	TVI

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

FILED

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BRIGHT LIGHT PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5849 rark st.N.. Unit #410

ARTICLE III SHARES

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

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHAEL A. ALBANO

5849 Park St. N. Unit #410

ARTICLE V PETETS DUTO ATOR

The name and address of the incorporator to these Articles of Incorporation are:

MICHAEL A. ALBANO

5849 Park St. N. Unit #410

St. Petersburg, Fla. 33709

Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

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/Registered Agent

Notery Public, State of Florida My Comm. Expires Dec. 18, 2000

ed thru Fla. Notary Service & Bonding Co.

Date