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TO: DIVISION OF CORPORATIONS

(850) 922-4001

FAX #:

FROM: AL CLARK

072100000173

ACCT#:

CONTACT: AL CLARK

PHONE: (813)398-6011

FAX #:

(813) 528-7222

NAME: FULL MOON ENTERTAINMENT, INC.

AUDIT NUMBER...... H98000009408

DOC TYPE.....FLORIDA PROFIT CORPORATION OR

CERT. OF STATUS...O

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ENTER SELECTION AND <CR>:

98 MAY 19 PH 2: 22
SECRETARY OF STATE ALLAHASSEE, FLORIDA

TA-5/19/98

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ARTICLES OF INCORPORATION

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

The name of the corporation shall be

Full Moon Entertainment, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13575 58# Street N. Suite 200

Clearwater, FL. 33760

ARTICLE III SHARES

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

1000 SHARES NO PAR

INITIAL REGISTERED AGENT AND STREET ARTICLE IV ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: Kameron Ward Address 1830: 1820 Avenue S.

St. Petersburg, Fl. 33712

PH# 800-676-8143

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kameron Ward 1830 18th Avenue S, St. Petersburg, FC 33712

	(have) executed these Articles of Incorporation, 19 <u>98</u> .
(An additional article must be	added if an effective date is requested.)
,	
X	Signature
	Signature
	Signature
<u>.</u>	
Notarir:	ation is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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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:

Full Moon Entertainment, Inc.

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

Accounting & Tax Help, INC. (Name)

8668 PARK BLVD., Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip) 98 HAY 19 PH 2: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

PRESIDENT

DATE 5-19-98

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

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