FOR PROFIT CORPORATION

FILED 29, 2002 8:00 am

DOCUMENT # P98000088587 1. Entity Name FLIX, INC.				Secretary of State 04-29-2002 90136 048 ***150.00	
	DO NOT WRITE	IN THIS S	PACE	in a superior	
Principal Place of Business 345 Sandalwood Lane		3. Mailing Address 345 Sandalwood Lane			t.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Sta Boca	Raton, Florida	City & State Boca Raton,	Florida		4. FEI Number Applied For 65~0869930 Not Applied For
Zip 33487	Country	Zip 33487	Country	<u> </u>	5. Certificate of Status Desired \$8.75 Additional
					Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE			Street	Greg Address (F	P.O. Box Number is Not Acceptable) Sandalwood Lane
			City	Boca	Raton, FL Zin Code 33487
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND	DIRECTORS		it of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Gregory, John E. 345 Sandalwood Lane Boca Raton, FL 33487	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ZE034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\ \frac{1}{2}		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E0
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE: X

John E. Gregory GNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

U/12/02 954-771-5828

Date Daytime Phone: