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

SUBJECT:	CONNAISSAN	ICE MEDIA	INC.	
-5	(Proposed corpo	rate name - must include suf	fix)	
			500002671 -10/23/98- ****131.25	195 01058014 *****87.
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	a 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	<b>\</b>
FROM:	DANIEL S. A.	BENSOUR rinted or typed)		
	6285 NW 12012 DRIVE			
	CORAL SPRINGS, FL 33076 S			
	City, State & Zip  (954) 796 3845  Daytime Telephone number  Daytime Telephone number			
	•		PM 12: 21 OF \$ PATE E. PLORIDA	

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

TA-10/26/98

## ARTICLES OF INCORPORATION

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 shall be:

CONNAISSANCE MEDIA INC.

ARTICLE II PRINCIPAL OFFICE

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

6285 NW 120th DRIVE

CORAL SPRINGS, FL 33076

ARTICLE III **SHARES** 

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

PAR 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DANIEL S. ABENSOUR 6285 NW 12012 DRIVE

CORAL SPRINGS, FL 33076 INCORPORATOR

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

S. ABENSOUR PRES. DANIEL

6285 NW 120R DRIVE

CORAL SPRINGS, FL 33076

(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

Cclober