TRANSMITTAL LETTER

P98000108104 of State Corporations

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

SUBJECT:	Immersive No (Proposed co	etworks Ly	rcorporate	d
		SC	00002723 4 -12/28/9801) ****131.25	033004
Enclosed is an original and one(1) copy of the articles of incorporation and 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 COR	PY REQUIRED	
FROM: Akarin Ross Weather Ford Name (Printed or typed)				
P.O. Box 6/34/				
	Palm Ba	yFL 329	06-1341	المراجعة المستخدم الم
	(407) 720 Daytime Tel	9-2194 lephone number	DIVI-JOH C	

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

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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.

NAME

The name of the corporation shall be Immersive Networks Incorporated

PRINCIPAL OFFICE

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

MS 2/101

207 Buck Drive

Fort Walton Beach, FL 32548

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jack A. Weatherford

MS 1/101

207 Buck Drive

Fort Walton Beach, FL 32548

ARTICLE V INCORPORATOR

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

Akarin Ross Weatherford

MS 2/101

207 Buck Drive

Fort Walton Beach, FL 32548

Signature/Incorporator

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

Date