

OCAL REPRESENTATIVE TADDAMASSEE OFFICE USE ONLY

LOCAL REPRESENTATIVE TALLAHASSEE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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QUALIFICATION

Annual Report

Fictitious Name

Name Reservation

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:

SHORT CUT ENTERTAINMENT INC

99 JAN - 5 PM 3: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

18960 N.E. 2 AVE # 201 MIAMI,FL 33179

ARTICLE III SHARES

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

\$1 PER 100 SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VAUGHN EVANS 18960 N.E. 2 AVE # 201 MIAMI, FL 33179

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VAUGHN EVAS 18960 N.E. 2 AVE #201 ... MIAMI,FL 33179

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

VAUGHN EVANS (P) 18960 N.E. 2 AVE #201 MIAMI,FL 33179

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

he name and address of the registered agent and office is:		
	VAUGHN EVANS	
	(NAME)	
18960 N.E. 2	AVE #201	
	P.O. BOX NOT ACCEPTABLE)	

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 1

DATE 1-4-99

REGISTERED AGENT FILING FEE: \$35.00

99 JAN - 5 PM 3: 19
SECRETARY OF STATE
TAIL AHASSEE FLORID.