

OFFICE USE ONLY (Document #)

**LEZARUS CORPORATE FILING SERVICE, INC.**  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. **THOR T.V. PRODUCTION CORP.**  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time **2:00**

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 FEB 19 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/19/99--01056--006  
\*\*\*\*78.75 \*\*\*\*78.75

2/9  
Examiner's Initials

# 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:

THOR T.V. PRODUCTION CORP.

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TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

2400 S.W. 83 AVE. MIAMI, FL. 33155

## ARTICLE III SHARES

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

100 (ONE HUNDRED)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FELIPE GONZALEZ-SARRAIN  
2400 S.W. 83 AVE.  
MIAMI, FL. 33155

ARTICLE V INCORPORATOR(S)

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

FELIPE GONZALEZ-SARRAIN 2400 S.W. 83 AVE. MIAMI, FL. 33155  
PRESIDENT

TITO RODRIGUEZ OLTMAN 11435 S.W. 59 TERR. MIAMI, FL. 33173  
VICE-PRESIDENT & SECRETARY

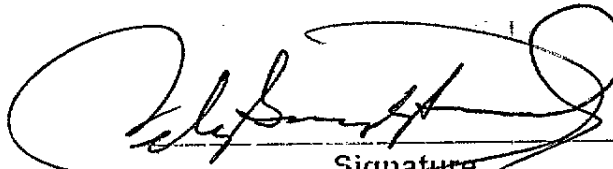
ARTICLE VI DIRECTOR(S)

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

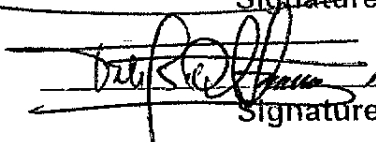
(P) FELIPE GONZALEZ-SARRAIN 2400 S.W. 83 AVE  
MIA - FL - 33155

(VP/S) TITO RODRIGUEZ OLTMAN 11435 S.W. 59 TERR  
MIA - FL 33173

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of FEBRUARY, 1999.



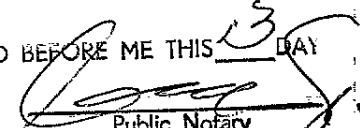
Signature



Signature

Signature

COUNTY OF DADE (

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13 DAY  
OF FEB, 1999   
Public Notary



ORLANNE  
# CC756700  
EXPIRES JUL 06, 2002  
BONDED THROUGH  
ADVANTAGE

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.

1. The name of the corporation is: THOR T.V. PRODUCTION CORP.
2. The name and address of the registered agent and office is:  
FELIPE GONZALEZ-SARRAIN  
(NAME)  
2400 S.W. 83 AVE.  
(P.O. BOX NOT ACCEPTABLE)  
MIAMI, FL. 33155  
(CITY/STATE/ZIP)

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 

STATE OF FLORIDA (    SS    )  
COUNTY OF DADE (    )

DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13 DAY  
OF FEB, 1999

  
Public Notary



ELIO MORLANTE  
COMMISSION # CC756723  
EXPIRES JUL 06, 2002  
BONDED THROUGH  
ADVANTAGE NOTARY

REGISTERED AGENT FILING FEE: \$35.00

FILED  
FEB 13 PM 2:22  
NOTARY PUBLIC  
STATE OF FLORIDA