## P09000056964

## TRANSMITTAL LETTER

Web Wise Productions Inc.
(Proposed corporate name - must include suffix)

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

Enclosed is an origina	al and one(1) copy of the article	s of incorporation and	a check for :	,
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	1999 J TALLA
FROM:	ADDITIONAL COPY REQUIRED  ADDITIONAL COPY REQUIRED  ALCOPY REQUIRED  ALCOP			
PEMBROKE PINES FL 33027 City, State & Zip				
Daytime Telephone number  AUTHORIZATION BY PHONE TO				
DATE Ob 23-99  NOTE: Please provide the original and one copy of the afficience R. Purintu				3-99

## 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:

Web Wise Productions Inc.

ARTICLE II PRINCIPAL OFFICE

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

1560 SW 164 AVE PEMBROKE PINES FL 33027

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JONKRUTCHIK 1560 SW 164AVE

RUBROKE PINES HE 33027

ARTICLE V INCORPORATOR

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

Jon Krutchik 1560 SW 164 Ave Pembroke Pines FL 33027

Signature/Incorporator

(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

Date