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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

TN MOTORSPORTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

TN MOTORSPORTS, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FIRST: The name of the Corporation is:

TN MOTORSPORTS, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

6680 NW 81ST TERRACE, PARKLAND, FL 33067

and the name of its initial Registered Agent at such address is:

TOM NIXON

Prepared by: Christine Jacobsen
Southeast Accounting & Tax Services, Inc.
6418 N.W. 5 Way, Ft. Lauderdale, FL 33309

054-401-5727

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SIXTH:

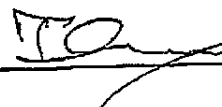
The number of Directors constituting the initial Board of Directors of the Corporation is 1, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

TOM NIXON
6680 NW 81ST TERRACE, PARKLAND, FL 33067

The name and address of each incorporator is:

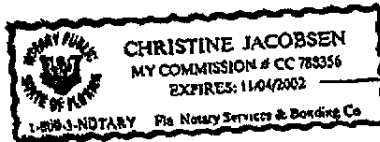
TOM NIXON
6680 NW 81ST TERRACE, PARKLAND, FL 33067

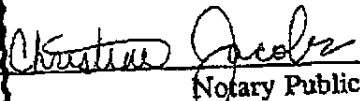
Dated: JUNE 28, 19 99

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


State of Florida:
 County of Broward:

The foregoing instrument was acknowledged before me this 28TH day of JUNE, 19 99 by
CHRISTINE JACOBSEN.





 Notary Public

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

TOM NIXON, having been designated to act as Registered Agent hereby agrees to act in this capacity.



Prepared by: Christine Jacobsen
 Southeast Accounting & Tax Services, Inc.
 6418 N.W. 5 Way, Ft. Lauderdale, FL 33309
 954-491-5727

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