JEFFREY G.

2949 Edwards Road Fort Pierce, Florida 34981 Telephone/FAX (407) 466-7705 e-mail: jgthomas@gate.net

August 23, 1999

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

000002965320--1 -08/20/99--01039--016 *****78.75 *****78.75

Re: East Coast Reporting, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation

Very Truly Yours,

frey G. Thomas

East Coast Reporting, Inc.

Mailing Address of Corporation:

2949 Edwards Road Fort Pierce, FL 34981

Telephone Number of Corporation: (561) 466-7705

ARTICLES OF INCORPORATION

of

East Coast Reporting, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is: East Coast Reporting, Inc. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ \$1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	2949	Edwards Road		<u> </u>	<u> </u>	<u> </u>
					<u></u>	
CITY	Fort	Pierce		FLORIDA		ZIP 34981
Mailing address	s, if diffe	erent	<u>-</u>			
STREET ADDRESS				-		
	· ···	· · · · · · · · · · · · · · · · · · ·				.54.
CITY		·	=	FLORIDA	<u> </u>	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Jeffrey G. Thomas		
ADDRESS	2949 Edwards Road		-
CITY	Fort Pierce	FLORIDA ZIP	34981

SEMINOLE-MIAMI (8-93)

nuer increased of	ARTICLE VII - INI ation shall have ONE r diminished from time to time by the B nitial director(s) of the corporation are a	y-Laws, b) directors ut shall never	initially.	The number	of direct	tors may be les and
NAME	Jeffrey G. Thomas	_	<u></u>		• • •		
ADDRESS	2949 Edwards Road						<u>-1 375 _ 2 </u>

NAME	Jeffrey G. Thomas
ADDRESS	2949 Edwards Road
CITY	Fort Pierce STATE Florida ZIP 34981
NAME	
ADDRESS	
CITY	STATE ZIP
NAME	
ADDRESS	_
CITY	STATE ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Jeffrey G. Thomas	_	
ADDRESS	2949 Edwards Road		
CITY	Fort Pierce		Florida ZIP 34981
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

CITY			STATE	ZIP
he under	rsigned incorporator	(s) have executed th	ese Articles of Incorporation	n this <u>23rd</u>
ay of	August			
		•	Jeffry D.	Thomas (Signature)
			V // //	(Signature)
				(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



East Coast Reporting, Inc. (name of corporation)
ursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
he above corporation, organized under the laws of the State of Florida with its registered office
s indicated in the Articles of Incorporation
t 2949 Edwards Road
Fort Pierce, Florida 34981
as named Jeffrey G. Thomas
ocated at the aforesaid address, as its registered agent to accept service of process within this

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) 8/23/9 (Date of the contract of the

state.