### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

Fax Number

: (305)599-0839 : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

BURKE-WOLF ENTERTAINMENT, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 30, 1999

FAS-T

SUBJECT: BURKE-WOLF ENTERTAINMENT, INC.

REF: W99000020108

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

ONLY 1 RA SIGNATURE REQUIRED.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H99000021690 Letter Number: 799A00043257

### ARTICLES OF INCORPORATION <u>OF</u>

The undersigned incorporator(s), for the purpose of under the Florida forming a corporation Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: BURKE-WOLF ENTERTAINMENT, INC.

The principal place of business of this corporation shall be: be: MIAMI, FLORIDA 33169

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 SHARES @ ONE DOLLAR (\$1.00) PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) DAVID BURKE - PRESIDENT/VICE-PRESIDENT is(are) elected, is(are):

828 N.W. 200th STREET MIAMI, FLORIDA 33169

PREPARED BY:

BARBARA STRONG, C.P.A. 3401 N.W. 202nd Street Miami, Florida 36056-1722

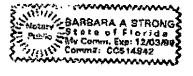
### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

DAVID BURKE - PRESIDENT 851 N.W. 200th STREET MIAMI, FLORIDA 33169

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this.

AUGUST 27th day of 1999



Signature(s) of Incorporator(s)

DAVID BURKE - PRESIDENT

DAVID DUICE INDUZULIA

PREPARED BY:

BARBARA STRONG, C.P.A. 3401 N.W. 202nd Street Miami, Florida 36056-1722

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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    | cor   | bora | tion: |
|----|-------|--------|------|--------|-------|------|-------|
|    | BURKE | - WOLF | ENTE | RTATNM | ENT . | TNC. |       |

| 2. The name and address of the registered agen            | t and   |                 |
|---|---------|-----------------|
| Office is:  Barbara Strong  3401 N.W. 202nd STREET        | 99 AL   | SECH            |
| (P.O. BOX NOT ACCEPTABLE)  CAROL CITY, FLORIDA 33056-1722 | G 31 A  | FILED<br>OF COR |
| (CITY/STATE/ZIP)  | N 0: 2: | STATE           |

SIGNATURE DAVID BURKE

PRESIDENT

DATE\_\_\_\_AUGUST 27th, 1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

TITLE-

SIGNATURE \_\_\_\_\_ AUGUST 27ch, 1999