State of California
Bill Jones
Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A $70.00 filing fee must accompany this form.
IMPORTANT – Read instructions before completing this form.

Filed# 20012121 0023

FILED
In the Office of the Secretary of State of the State of California

JUL 27 2001

BILL JONES, Secretary of State

This Space For Filing Use Only

1. Name of the limited liability company (end the name with the words "Limited Liability Company," " Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")
   Sintec Media Labs, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Killea limited liability company act.

3. Name the agent for service of process and check the appropriate provision below:
   Cameron Mirsaidi which is
   [X] an individual residing in California. Proceed to item 4.
   [ ] a corporation which has filed a certificate pursuant to section 1505. Proceed to item 5.

4. If an individual, California address of the agent for service of process:
   Address: 26222 Avenida Calidad
   City: Mission Viejo State: CA Zip Code: 92691

5. The limited liability company will be managed by: (check one)
   [X] one manager [ ] more than one manager [ ] single member limited liability company [ ] all limited liability company members

6. Other matters to be included in this certificate may be set forth on separate attached pages and are made a part of this certificate. Other matters may include the latest date on which the limited liability company is to dissolve.

7. Number of pages attached, if any:

8. Type of business of the limited liability company. (For informational purposes only)
   Entertainment

9. DECLARATION: It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

   Ameet Gandhi, Esq.
   Signature of Organizer

   Ameet Gandhi, Esq.
   Type or Print Name of Organizer

   7-26-01
   Date

10. RETURN TO:
    NAME
    FIRM
    ADDRESS
    CITY/STATE
    ZIP CODE