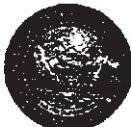


EXHIBIT I



DEAN HELLER
Secretary of State

202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708



Office Use Only
FILED # LLC 12942-03

AUG 26 2003

DEAN HELLER
SECRETARY OF STATE

Important: Read attached instructions before completing form.

1. Name of Limited Liability Company:	STREETFAX LLC			
2. Resident Agent Name and Street Address: <small>(must be a Nevada address where process may be served)</small>	Paracorp Incorporated			
	Name			
	318 N. Carson Street, Ste. 208, Carson City NEVADA 89701			
	Physical Street Address		City	State Zip Code
	Additional Mailing Address		City	State Zip Code
3. Dissolution Date: <small>(OPTIONAL - see instructions)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): <u>Dec. 31, 2102</u>			
4. Management: <small>(check one)</small>	Company shall be managed by _____ Manager(s) OR <input checked="" type="checkbox"/> Members			
Names, Addresses, of Manager(s) or Members: <small>(attach additional pages as necessary)</small>	Name			
	54 Cott Lane Staten Island NY 10314			
	Street Address		City	State Zip Code
	Name			
	Street Address		City	State Zip Code
	Name			
	Street Address		City	State Zip Code
	Name			
	Street Address		City	State Zip Code
5. Other Matters: <small>(see instructions)</small>	Number of additional pages attached: <u>1</u>			
6. Names, Addresses and Signatures of Organizer(s): <small>(attach additional pages if there are more than 2 organizers)</small>	Name			
	90 State Street, Ste. 815			
	Address		City	State Zip Code
	Albany, NY 12207			
	Name			
	Signature			
7. Certificate of Acceptance of Appointment of Resident Agent:	Address			
			City	State Zip Code
	I hereby accept appointment as Resident Agent for the above named limited-liability company. see attached Authorized Signature of R.A. or On Behalf of R.A. Company Date			

This form must be accompanied by appropriate fees. See attached fee schedule.

08/26/2003 10:00AM STREETFAX LLC 12942-03

DEAN HELLER
Secretary of State

101 N. Carson Street, Ste#3
Carson City NV 89701-4786
(775) 684-5708

Certificate of Acceptance
of Appointment by
Resident Agent

General Instructions for this form:

1. Please print legibly or Type; Black Ink only.
2. Complete all fields.
3. Ensure that the document is signed in signature fields.

In the matter of STREETFAX LLC
(Name of business entity)

I, PARACORP INCORPORATED, hereby state that on 8/25/2003
(Name of Resident Agent) (Date)

I accepted the appointment as resident agent for the above named business entity.

The street address of the resident agent in this state is as follows:

318 N. Carson Street, Suite # 208
Carson City, Nevada 89701


Signature of Resident Agent

For Paracorp Incorporated

8/25/2003
Date