

L00000001624

HLN COMMUNICATIONS LLC
318 INDIAN TRACE, SUITE 336
WESTIN FLORIDA 33326
TEL/FAX: 954-384-2555

January 31, 2000

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

600003126936--2
-02/08/00--01029--003
***130.00 ***130.00

RE: Proposed Limited Liability Company: HLN COMMUNICATIONS LLC

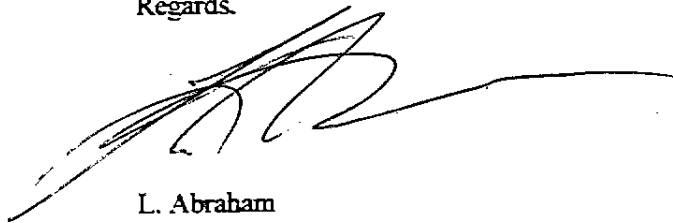
Dear Sir/Madame:

Enclosed please find an original and a copy of the Articles of Organization and the Designation for a Registered Agent, for the above named company. I further enclose a check in the amount of \$ 130.00 in order to cover the following:

1. \$ 100.00 Filing fee for the Article of Organization
2. \$ 25.00 Filing fee for Registered Agent
3. \$ 5.00 for a return Certificate of Status.

Thank you for your assistance; please return the Certificate of Status to the above mailing address.

Regards,



L. Abraham

FILED
00 FEB -7 AM 11: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HLN COMMUNICATIONS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**318 INDIAN TRACE, # 336
240 LAKEVIEW DR. # 211
WESTON, FL 33326**

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

TEVIS N JONES

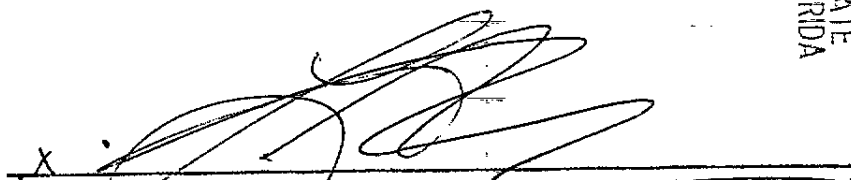
240 LAKEVIEW DR.# 211,WESTON, FL. 33326

ARTICLE IV - Management:

(Check the appropriate box)

- The Limited Liability Company is to be a manager-managed company.
- The Limited Liability Company is to be managed by the members.

**FILED
00 FEB -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

L. ABRAHAM

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: HLN COMMUNICATIONS LLC

2. The name and the Florida street address of the registered agent are:

TEVIS N JONES

NAME

240 LAKEVIEW DR. # 211

Florida street address (P.O. Box **NOT** ACCEPTABLE)

WESTON, FL 33326

CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

FILED
00 FEB 7 AM 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

X Tevis N Jones
SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent