

L09000021736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

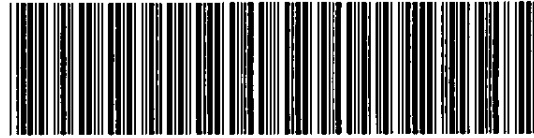
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 MAR -5 AM 10:52
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAR -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 5 2009

EXAMINER

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DIGITAL BROADCASTING
 (Corporation Name) (Document #)
2. TELEVISION USA LLC
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*file
the LLC
1st of
the fictitious
name
DND*

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
09 MAR -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIGITAL BROADCASTING TELEVISION USA LLC

ARTICLE II - Address:

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

Principal Office Address:

6991 NW 82 AVENUE #8

MIAMI-FL 33166

Mailing Address:

6991 NW 82 AVENUE #8

MIAMI-FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CLAUDIA CZETYRKO

Name

7660 SW 83 COURT

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

MIAMI

FLORIDA 33143

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 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 as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GIUSEPPE SIMONETTA

6991 NW 82 AVENUE #8

MIAMI-FL 33166

MGR

LILIANA E. DUARTE

6991 NW 82 AVENUE #8

MIAMI-FL 33166

MGR

MARIANA SIMONETTA

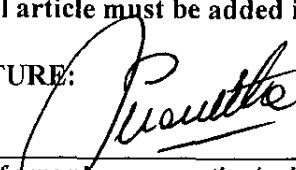
6991 NW 82 AVENUE #8

MIAMI-FL 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

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

GIUSEPPE SIMONETTA

Typed or printed name of signee