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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

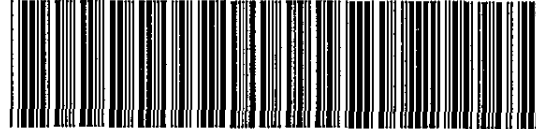
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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[Signature]

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JORGE L. CRUZ

January 28, 2004

RE: American Satellite, TV, LLC

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed is the properly executed transmittal letter and check for \$125.00 for the formation of "American Satellite TV, LLC."

If any additional information is needed please call attorney Albert Blair, 305-448-7988 and your call will be returned promptly.

Sincerely yours,



Elton Eastman
Paralegal for the Firm.

Shipped Via FedEx
Overnight

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN SATELLITE TV, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC AMSALLEM
(Name of Person)

American Satellite TV, LLC
(Firm/Company)

406 EAST HALLANDALE BEACH BLVD.
(Address)

HALLANDALE, FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT BLAIR at (305) 448-7988
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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:

AMERICAN SATELLITE TV LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

406 EAST HALLANDALE BEACH BLVD

HALLANDALE, FL

33009

SAME

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

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

ALBERT BLAIR

Name

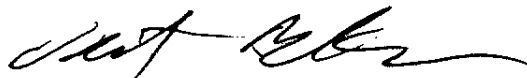
3300 PONCE DE LEON BLVD.

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

CORAL GABLES FLORIDA 33134

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

04 JAN 29 PM 2:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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:

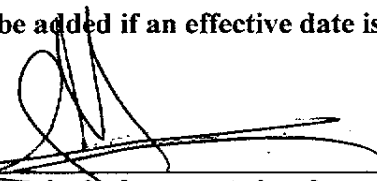
MGR

ERIC AMSALLEM
406 EAST HALLANDALE BEACH BLVD
HALLANDALE; FL. 33009

(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.)

ERIC AMSALLEM

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)