Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 : (850)385-6735

Fax Number : (954)641-4192

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ENT MEDIA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JUN - 3 2008 -

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	MARINI (C.			
The hame of the current Libotity Col	npany is:			
ENT MEDIA HOLDINGS	, LLC			
(Must and with the words "Li	mited Linking Company. "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	of the principal office of the Limited Liabil	ity Company	is:	
Principal Office Address:	Mailing Address			
1501 Sunset Drive	1501 Eunset Drive	ASS	71008	
2nd Floor	2nd Floor			903
Coral Gables, FL 33143	Comi Gables, FL 33143	三元		
		22	ŧ	i
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Sig	anature 📿	ယ	i
(The Dinited Liability Company cannot serve as it business entity with an active Florida registration.	a dividition Department of the right of the property of the pr		AH	
The numb and the Clasies seems adden.			ന	

Alan C. Gold

1501 Sunset Drive, 2nd Floor
Plorida street address (P.O. Box NOT acceptable)

Coral Gables 33143, City, State, and Zip

Having heen 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 us 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 abligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (RECUIRED)

(CONTINUED) Page Lof2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Momber is as follows: Name and Address: Title: "MGR" = Manager "MGRM" - Managing Member Larry Mathias 1501 Sunset Brive, 2nd Floor Coral Gabies, FL 33142 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (OPTIONAL) (If an effective date is listed, the date must be specific and enquot be more than five business days prior to or 90 days after the date of filing.) 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 panalties of perjuty that the facts stated herein are true.) LARRY MATHIAS Typed or printed name of signee Filing Feer: \$135.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)