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FILING COVER SHEET

ACCOUNT NUMBER: ECA0000000014

REFERENCE: 0163.921

DATE: 11-7-97

CONTACT NAME: CINDY HICKS Kevin Roberts

REQUESTOR NAME: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

TELEPHONE: 904-222-1173

AUTHORIZATION: 0

CORPORATION NAME: Television Marketing Corporation, Ltd.

DOCUMENT NUMBER:
(if known) _____

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> UCC 1 | <input type="checkbox"/> UCC 3 |

- ☐ CERTIFIED COPY
- ☒ CERTIFICATE OF STATUS
- ☒ PLAIN STAMPED COPY

COST LIMIT

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> CALL WHEN READY | <input type="checkbox"/> CALL IF PROBLEM | <input type="checkbox"/> AFTER 4:30 |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> WILL WAIT | <input type="checkbox"/> PICK UP |
| <input type="checkbox"/> MAIL OUT | | |

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8.75-CUS

CM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 NOV -7 PM 3:48

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*****96.25 *****96.25

DIVISION OF CORPORATION

97 NOV -7 AM 11:52

RECORDED

**CERTIFICATE OF LIMITED PARTNERSHIP OF
TELEVISION MARKETING CORPORATION, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming partnership under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership shall be **TELEVISION MARKETING CORPORATION, LTD.**

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 5555 Roosevelt Boulevard, Clearwater, Florida 33760. The name of the Partnership's agent for service of process at said address is David J. Frey.

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
Television Marketing Corporation, a Florida corporation	5555 Roosevelt Boulevard Clearwater, Florida 33760

4. Mailing Address for the Limited Partnership. The mailing address for the Partnership shall be located at 5555 Roosevelt Boulevard, Clearwater, Florida 33760.

5. Term. The term for which the Partnership is to exist shall be thirty (30) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with the Limited Partnership Agreement for **TELEVISION MARKETING CORPORATION, LTD.**

DATED this 5th day of November, 1997.

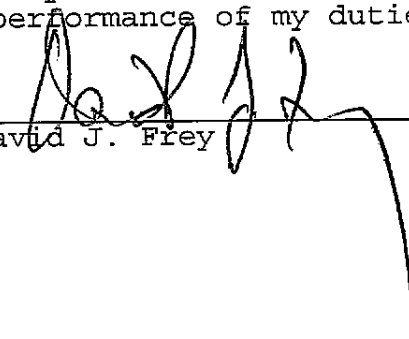
GENERAL PARTNER:

TELEVISION MARKETING CORPORATION,
a Florida corporation

By: David J. Frey, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



David J. Frey

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, David J. Frey, being the President of Television Marketing Corporation, a Florida corporation, the sole general partner of TELEVISION MARKETING CORPORATION, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), upon being sworn, do hereby certify as follows:

1. The limited partners have contributed \$0 of capital to the Partnership.

2. It is anticipated that \$7,500.00 of capital shall be contributed by the limited partners in the future.

This 5th day of November, 1997.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

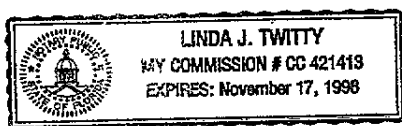
TELEVISION MARKETING CORPORATION,
a Florida corporation

By:

David J. Frey, President

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 5th day of November, 1997, by David J. Frey, as President of TELEVISION MARKETING CORPORATION, a Florida corporation. He is personally known to me or has produced _____ as identification.



Linda J. Twitty
NOTARY PUBLIC
Name: _____
Serial No.: _____
My Commission Expires: _____