2006 LIMITED LIABILITY COMPANY

FILED \mathbf{A}

<u> </u>			Apr 17, 2006 08:00	
DOCU	MENT # L000000	08566		Secretary of State
1. Entity Naπ	ne			a continuity of a state
MDM TV	, LLC			
Principal Plac	ce of Business	Mailing Address	- Ir	·-
	BROWARD BLVD.	1012 EAST BROWARD BLVD.		
F1. LAUDERI	DALE, FL 33301	FT. LAUDERDALE, FL 33301		
	· · · · · · · · · · · · · · · · · · ·			
				03252006 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For
				65-1031097 Not Applicable
				5. Certificate of Status Desired
	6. Name and Address of Curr	ent Registered Agent		
KOTLER, MICHAEL I SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER PA 54 SW BOCA RATON BOULEVARD				DO NOT WRITE
BOCA RATON, FL 33432			IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
9,	MANAGING ME	MBERS/MANAGERS	1	
TITLE NAME	MGRM MARKOFF, MICKEY			
STREET ADDRESS	1012 EAST BROWARD BLV),		<u> </u>
CITY-ST-ZIP	FT. LAUDERDALE, FL 3330		1.,	04/29/06-80213-017 50.00
TITLE NAME		•		
STREET ADDRESS				
CITY-ST-ZIP			1	
TITLE]	
STREET ADDRESS				DO NOT WRITE
CITY-SI-ZIP			-	
TITLE NAME			}	IN THIS SPACE
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CITY-ST-ZIP			ł	
title Name				
STREET ADDRESS			1	
CITY-ST-ZIP			-	
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP	1		ł	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or tostee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

954-467-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE