

L03000022638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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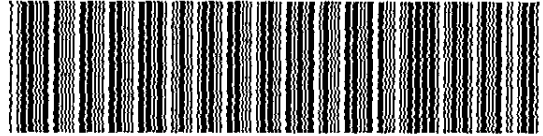
(Business Entity Name)

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DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 140505 7195153

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

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ORDER DATE : June 20, 2003

ORDER TIME : 11:25 AM

ORDER NO. : 140505-005

CUSTOMER NO: 7195153

CUSTOMER: Jason Perlman, Esq
Jason E. Perlman, Esq.

4040 Sheridan Street

Hollywood, FL 33021

DOMESTIC FILING

NAME: TASTYTV, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR TASTYTV, LLC, A FLORIDA LIMITED
LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

TASTYTV, LLC

**ARTICLE II
ADDRESS**

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

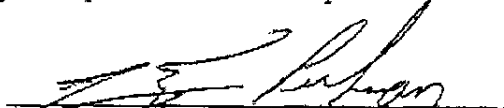
4040 Sheridan Street
Hollywood, FL 33021


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

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

C/O Jason E. Perlman, P.A.
4040 Sheridan Street
Hollywood, Florida 33021

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, F.S.


Jason E. Perlman, President


Jason E. Perlman, Esq., as representative
of a member

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