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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	





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Mr/n

SECRETARY OF STATE SECRETARY OF CORPORATION OF CORPORATION



IncAdvantage.com, Inc.

51 Everett Drive, Suite B-60 P. O. Box 927 West Windsor, NJ 08550-0927 877-462-2388 Fax: 609-716-0820

December 12, 2003

Division of Corporations Florida Department of State 409 E. Gaines Street Tallahassee, FL 32314

RE: SportsTime Live, LLC

Dear Sir/Madam,

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Organization accompanied by our check in the amount of \$ 155.00

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth Encls.

03 DEC 15 PH 2: 2:

TRANSMITTAL LETTER

Registration Section

Tallahassee, Florida 32399

SUBJECT: SportsTime-Live, 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: Zulma Howarth (Name of Person) IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code) For further information concerning this matter, please call:	Division of Corporations	
(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: Zulma Howarth (Name of Person) IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code)	SURJECT. SportsTime-Live, LLC	
Please return all correspondence concerning this matter to the following: Zulma Howarth (Name of Person) IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code)		oility Company)
Zulma Howarth (Name of Person) IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code)	The enclosed Articles of Organization and fee(s) are	e submitted for filing.
(Name of Person) IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code)	Please return all correspondence concerning this ma	atter to the following:
IncAdvantage.com, Inc. (Firm/Company) PO Box 927 (Address) West Windsor, NJ 08550-0927 (City/State and Zip Code)		
West Windsor, NJ 08550-0927 (City/State and Zip Code)	(Name of Person)	
West Windsor, NJ 08550-0927 (City/State and Zip Code)	IncAdvantage.com, Inc.	03 Provide
West Windsor, NJ 08550-0927 (City/State and Zip Code)	(Firm/Company)	DEC
West Windsor, NJ 08550-0927 (City/State and Zip Code)		5
West Windsor, NJ 08550-0927 (City/State and Zip Code)	PO Box 927	P
West Windsor, NJ 08550-0927 (City/State and Zip Code)	(Address)	2:2
	West Windsor, NJ 08550-0927	
For further information concerning this matter, please call:	(City/State and Zip Code)	
	For further information concerning this matter, plea	ase call:
Zulma Howarth at (877) 462-2388	Zulma Howarth at (877) 462-2388
(Name of Person) (Area Code & Daytime Telephone Number)		(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section		
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327	Division of Corporations	Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
SportsTime-Live, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Dringing Office Address.

Principal Office A	<u>ddress:</u>		Mailing Address:		
4887 Belfort Road, S	Suite 201		4887 Belfort Road,	Suite 201	030
Jacksonville, FL 322	56	- -	Jacksonville, FL 322	256	0
		-			<u></u>
ARTICLE III - Re	egistered Agent, Regis	stered Offi	ce, & Registered Agen	t's Signature:	PH
			_		3
The name and the F	lorida street address of	f the regist	ered agent are:		လ
	Marshall D. Gunn,	Jr.			
•		Name		: .	
	4887 Belfort Road,	Suite 201			
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Jacksonville	FL	32256		
	City,	State, and Zij)		•.

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..

Marshall D. Gunn, Jr.

Registered Agent's Signatu

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Michael Va'ppie	
	9930 Chelsea Lake	
	Jacksonville, Florida 32256	
	<u> </u>	
		03 DEC 15
		PM 2: 23
ise attachment if necessary)		ι,

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.)

Michael Valppie - Member

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)