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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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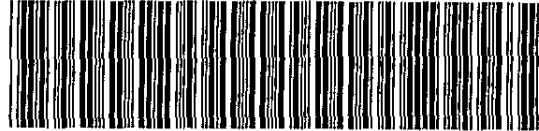
(Business Entity Name)

(Document Number)

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04 APR - 2 01:14:00  
U.S. DEPARTMENT OF COMMERCE  
INTERNATIONAL TRADE ADMINISTRATION

GAMBRELL & STOLZ LLP  
ATTORNEYS AT LAW



April 1, 2004

Direct Dial: (404) 223-2211  
lbrooks@gambrell.com

**Via Federal Express Overnight**

Office of the Florida Department of State  
Registration Section -- Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

04 APR - 7 AM 10:00  
TALLAHASSEE, FL

**RE: COVENANT MEDIA OF FLORIDA, LLC**

Dear Sir or Madam:

Enclosed for filing with regard to formation of the above-referenced Limited Liability Company is the following:

1. Original Articles of Organization and two copies; and
2. A check, in the amount of \$155.00, payable to the "Florida Department of State" for the applicable fees as follows:

\$100.00 – filing fee for Articles  
\$ 25.00 – Designation of Registered Agent; and  
\$ 30.00 – Certified Copy

Please return all correspondence concerning this matter to the undersigned. For further information concerning this matter, please do not hesitate to call me at (404) 223-2211.

Sincerely,

Leslie E. Brooks, Paralegal  
For Attorney Jed S. Beardsley

/leb  
Enclosures  
179062



MONARCH PLAZA  
Suite 1600 • 3414 Peachtree Road • Atlanta, Georgia 30326 • 404.577.6000 fax: 404.221.6501 • www.gambrell.com

MACON OFFICE  
P.O. Box 5047 • Macon, Georgia 31208-5047 • 478.750.0777 fax: 478.750.1777 • www.gambrell.com

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
REVELATION MEDIA OF FLORIDA LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Covenant Media of Florida, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1104 Dartmouth Terrace  
Safety Harbor, Florida 34695

**Mailing Address:**

1104 Dartmouth Terrace  
Safety Harbor, Florida 34695

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

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

Brooks Rathet, Esq.  
Anderson, St. Denis & Glenn  
One Enterprise Center  
225 Water Street  
Suite 2100  
Jacksonville, FL 32202

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature  
Brooks Rathet

**ARTICLE IV – Managing Member:**

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

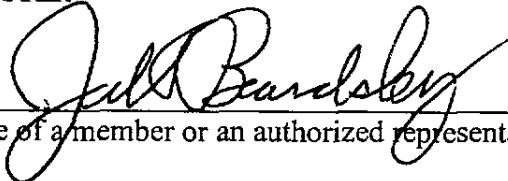
**Title:**

**Name and Address:**

Managing Member

Daniel B. Cowart  
3740 Davinci Court  
Suite 460  
Norcross, GA 30092

**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 penalties of perjury that the facts stated herein are true.)

Jed S. Beardsley, Esq. authorized representative

Typed or printed name of signee