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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A.B.S. OF JACKSONVILLE, INC.
Account Number : I20010000215
Phone : (904)777-1533
Fax Number : (904)777-1717

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LIMITED LIABILITY COMPANY

Hometown Cable, LLC

Certificate of Status	1
Certified Copy	0
Page Count	~~01~~ 3
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Hometown Cable, LLC**

ARTICLE II. ADDRESS:

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

4376 CR 15A
Green Cove Springs, FL 32043

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are:
Martin Roberts, MGR.
4376 CR 15A
Green Cove Springs, FL 32043

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.

Martin Roberts/ Registered Agent — Date

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ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR.	Martin Roberts 4376 CR 15A Green Cove Springs, FL 32043

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REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 16 day of August, 2004.

Martin Roberts, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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