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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 26 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: RELI	IANT INTERNATIONAL (Name of Lim	L MEDIA, LLC ited Liability Company)	
	(1 (4.11) 0.7 2.11.1	Ziuomiy compuny)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Crahama	Farquhar	
·	Graname	(Name of Person)	
•	Reliant :	Internaional Media, L (Firm/Company)	LC
	11880 28	th Street N, Suite 20	0
		(Address)	
	St. Peter	rsburg, FL 33716 (City/State and Zip Code)	
For further information	concerning this matter, please c	•	
Grahame Fai		at (727) 565-0565 (Area Code & Daytime T	extn 236
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

المعطيرة فالممرافة

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIANT INTERNATIONAL MEDIA, LLC

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SECRETARY TALLAHASSE	A S	7
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(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now ap ability Compar	pears on our r ny)	ecords.)	
The Articles of Organization for this Limited Liab Florida document number	• • •	vere filed on	October_	5, 200	04 and assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company	here:		
ResponzeTV					
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	mpany," the do	esignation '	LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	11880 2	8th St.	N, Sui	.te 200
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33716			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>		8th Stre		Suite 200 3716
B. If amending the registered agent and/or registered agent and/or the new registered office agent and agent and agent and/or the new registered office agent and/or the new registered Agent:	ce address here:			ds, <u>enter</u>	the name of the new
New Registered Office Address:	11880	28+h c+v	eet N G	Suite 3	200
	New Registered Office Address: 11880 28th Street N, Suite 200 (Enter Florida street address)				
	St. Peter		,	Florida _	
		(City)			(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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.8. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TIM HARRINGTON	7400 14th Street NE St. Petersburg, FL 33702	Add X Remove
MGRM	KEVIN_HARRINGTON	850 Pinellas Point South Dr St. Petersburg, FL 33705	Add Remove
MGRM	GRAHAME FAROUHAR	#620 470 3rd Street South St. Petersburg, FL 33701	Add Remove
MGRM_	PAUL MORRISON	14375 Myerlake Circle Clearwater, FL 33760	Add Remove
	•		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha		FIL SECRETARY
Dated	' ' W 6	bertor authorized representative of a member	F `
	Тур	ed or printed name of signee	· ·

Page 2 of 2

Filing Fee: \$25.00