

L07000018182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

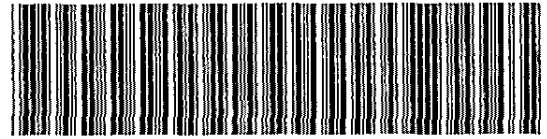
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR - 8 AM 11:02

J. BRYAN MAR - 9 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1081i Media LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Anderson

(Name of Person)

The Franchise Edge

(Firm/Company)

8019 N Himes Ave Suite 503

(Address)

Tampa, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Anderson

(Name of Person)

at ( 407 ) 448-6250

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS  
07 MAR - 8 AM 11:02

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
1081i Media LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of LLC was recorded as "1081i Media LLC" due to an error on the  
application. The correct name of the LLC should be "1080i Media LLC".

**OR**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR - 02 PM 11:02

Dated: February 23, 2007

  
Signature of a member or authorized representative of a member

Scott Anderson

Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
27 MAR - 8 AM 11:02

ARTICLE I - Name:

The name of the Limited Liability Company is:

1081j Media LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2457A S. Hiwassee Rd.

2457A S. Hiwassee Rd.

Suite 233

Suite 233

Orlando, FL 32835

Orlando, FL 32835

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

The Franchise Edge, LLC

Name

8019 N. Himes Ave Suite 503

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33614

City, State, and Zip

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2007 FEB 13 P 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carmen Guilfoyle  
1364 Hedgerow Rd.  
Orlando, FL 32835

MGRM

Paul Samson  
618 S. Lois Ave  
Tampa, FL 33609

MGRM

Scott Anderson  
4216 Winderlakes Dr  
Orlando, FL 32835

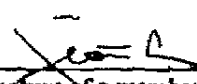
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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA  
FEB 13 P 2:00

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Scott Anderson

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)