

L10000057158

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

10 JUN -8 AM 8:29

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SECRETARY OF STATE
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LLC REGISTERED AGENT CHANGE
ACTUALIDAD LICENSEE 1020AM, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

D. BRUCE

JUN 9 2010

EXAMINER

**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:
Actualidad Licensee 1020AM, 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 reference to Enrique N. Cusco and Eduardo Cusco as managers is removed
and deleted from the Articles of Organization.

OR



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

Dated:

June 8


Signature of a member or authorized representative of a member

Miriam Cruz-Bustillo, Authorized Representative

Typed or printed name of signee

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

CR2E062 (08-05)

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10 JUN - 8 AM 3:29
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Actualidad Licenses 1020AM, LLC

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

ARTICLE II - Address:

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

Principal Office Address:2525 Ponce de Leon Blvd.
Suite 250
Coral Gables, FL 33134**Mailing Address:**2525 Ponce de Leon Blvd.
Suite 250
Coral Gables, FL 33134**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:

C T Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation FL 33324City, State, and Zip

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.

C T Corporation SystemBy: Madonna Cuddihy

Registered Agent's Signature (REQUIRED)

Madonna Cuddihy
Special Assistant SecretaryPage 1 of 2
(CONTINUED)**FILED**
10 MAY 26 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MGRM

Actualidad 1020AM, LLC

2525 Ponce de Leon Blvd., Suite 250

Coral Gables, FL 33134

MOR

Enrique N. Cusco

2525 Ponce de Leon Blvd., Suite 250

Coral Gables, FL 33134

MOR

Eduardo Cusco

2525 Ponce de Leon Blvd., Suite 250

Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 26, 2010 (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.)

EDUARDO CUSCO

Typed or printed name of signer

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)