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EXAMINER



ACCOUNT NO. : 12000000195 REFERENCE: 442169 4813885 AUTHORIZATION : COST LIMIT : ORDER DATE: July 9, 2010 ORDER TIME : 11:17 AM ORDER NO. : 442169-005 CUSTOMER NO: 4813885 DOMESTIC FILING NAME: RB ORLANDO LICENSES LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPÂN

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The name of the Limited Liability Company is:

RB ORLANDO LICENSES 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:

Mailing Address:
c/o RD Management LLC
810 Seventh Avenue, 28th Floor
New York, NY 10019

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

Corporation Service	Company
	Name
1201 Hays Street	
Florida s	reet address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, 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..

Registered Agent's Signature (REQUIRED)

Carina L. Dunlap

Asst. Vice President

(CONTINUED)
Page 1 of 2

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

	Title:	Name and Address:
	"MGR" = Manager "MGRM" = Managing Member	
	MGR	Richard J. Birdoff c/o RD Management LLC 810 Seventh Ave., 28th Fl., New York, NY 10019
		oto Sevenui Ave., zom Fl., New Tork, NF 16015
	(Use attachment if necessary)	
(If an e	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	2

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.)

Eric S. Schoenfeld, Authorized Representative

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)