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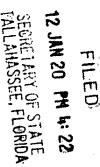
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COVER LETTER

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TO:	Registration Sec Division of Cor				
SUBJECT: MUX.TV, Limited Liability Company					
50 BG E	···		ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
			Michael P. Gable		
	Name of Person				
	Law Office of Gable & Heidt				
	Firm/Company				
	4000 Hollywood Boulevard, Suite 735 South				
	Hollywood, FL 33021-6755				
City/State and Zip Code					
		michaelpgable@att.net E-mail address: (to be used for future annual report notification)			
For furt	her information co	oncerning this matter, please c	all:		
	Mich	ael P. Gable	at (_954)	966-2501	
	Name of	Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check for th	e 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:

TO:

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

FILED 12 JAN 20 PM 4: 22 SEGRETARY OF STATE FALLAHASSEE, FLORIDA

MUX.TV, Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/04/11 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000040015 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VIPTV INTERNET TELEVISION, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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.S. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>-</u>			Add Remove
	nding any other information, e Nothing is amended other	enter change(s) here: (Attach additional sheets, if necessary.) than the name)	_
			_
Dated	January 18,	,	_
		M. P. April	
	Signature	of a member or authorized representative of a member	
		Michael P. Gable	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00