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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GALAXY GLOBAL TELEVISION NETWORK LLC Name of Limited Liability Company	•
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BRUCE KNIGHT Name of Person	
Name of Person	
MEDIASELLERS COM INC Firm/Company	
Firm/Company	
9017 EMERSON AUE	
Address	
SURFSIDE FL. 33154 City/State and Zip Code Bruce & GALAXYGLOBALTV, COM	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
20 11/ 11/ 11/ 11/ 11/ 11/ 11/ 11/ 11/ 11	
BRUCE KN16HT at (954) 531-4775 Name of Person Area Code & Davrine Telephone Number	
Name of Cook Maytime Temphone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee U\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address 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	



October 9, 2013

BRUCE KNIGHT 9017 EMERSON AVE SURFSIDE, FL 33154

SUBJECT: GALAXY GLOBAL TELEVISION NETWORK LLC

Ref. Number: W13000056187

We have received your document for GALAXY GLOBAL TELEVISION NETWORK LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete articles I thur III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 113A00023704

ARTICL'ES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

GALAXY GLOBAL TELEVISION NETWORK LLC.

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

ARTICLE II - Address:

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

Principal Office Address:	Maning Address:		
9017 EMERSON AUE	9017 EMERSON AUE		
SURFSIDE FL.	SURFSIOE FL.		
33154	33154		

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:

BRUCE KNIGHT	TAT.	ದ	
9017 EMERSON AUE	LAHASS	OCT 2	<u></u>
Florida street address (P.O. Box NOT acceptable) SURFSIOF FL _{FL} 33154	Y OF ST	- P# 1	ED
City, State, and Zip) See	.: ::	

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Manage The name and address of each Manage	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HOT ROCK TU LLC. EIN 1000695821	305 41ST PITTSBUKGH PA.
MEDIASELLORS. COM INC. E'IN 36-4662601	9017 EMERSON HUE SUKFSIDE FL. 33154
	ALLAND OF T
	ANY OF STATE
(Use attachment if necessary)	-
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must l prior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under th I am aware that any false informa	108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)