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(Document Number)
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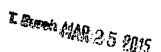


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CTW Broadcasting	
Name of I	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:
Carlos Wilder	
	Name of Person
CTW Broadcasting	
	Firm/Company
1608 Eagles Landing Blvd. #65	
	Address
Tallahassee FL 32308	
	City/State and Zip Code
carloswilder@ctwbc.com E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, p	lease call:
Carlos Wilder at	(850) 980-0508
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigs\\$\$130.00 Filing Fee \$\bigs\\$\$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CTW Broadcasting	g LLC		<u> </u>		
	(Must end with the words "Limi	ited Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address	ress: and street address of the principal	al office of the Limited I	Liability Company is:		
Principal Office Ad	ldress:	Mailing Addres	<u>s:</u>		
1608 Eagles Land Tallahassee FL 32	ing Blvd. #65 308	1608 Eagles La Tallahassee FL	anding Blvd. #65 - 32308		
another business en	ty Company cannot serve as its of the tity with an active Florida registrorida street address of the registed Carlos Wilder	ation.)		Z.	" 15 所 统
	Na	ame		் தீத்த் ச	N 7
	1608 Eagles Landing Blvd	1. #65		171	1
	Florida street address (P.O.	Box NOT acceptable)			
	Tallahassee	FL 32308			. :
	City	Zip		38 C	الجد
the place designa capacity. I further	l as registered agent and to accep ated in this certificate, I hereby ac agree to comply with the provision I am familiar with and accept the	ccept the appointment as ons of all statutes relating	registered agent and o	agree to act i mplete perfo	in this rmance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Carlos Wilder
AWDIT	1608 Eagles Landing Blvd. #65
	Tallahassee FL 32308
AMBR	Tanganyika Wilder
	1608 Eagles Landing Blvd. #65
	Tallahassee FL 32308
<u> </u>	-
	<u> </u>
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	1200
E V: Effective date, if other than the date ective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 9
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sporf filing.) EVI: Other provisions, if any.	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are affir	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sp filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document
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ARTICLE IV-

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