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COVER LETTER

	ew Filing Section vision of Corporations				
SUBJECT	SOFIA RADIO AND TELEVIS	ION PRODUCT	TIONS LLC		
SUBJECT		f Limited Liabil	ity Company		
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.		
Please retur	mall correspondence concerning th	is matter to the f	ollowing:		
	ALI ASMAR				
		Name of	Person		
	ATTORNEY'S JUSTIN CLARK	& ASSOCIATE	S		
		Firm/Co	mpany		
	500 WINDERLEY PLACE				
		Addr	css		
	MAITLAND FL. 32751 SUITE 100				
<u> </u>	NASMAR@YOUHAVEPOWER.C	City/State an COM	d Zip Code		
	E-mail address: (to be	used for future a	nnual report notification)		
For further in	formation concerning this matter, p	dease call:			
	ALI ASMAR	321 at (282-1055		
•	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee S130.00 Filing Fee Certificate of Statu	s LLCertifi	00 Filing Fee & S160.00 Filing Fee. cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SOFILA RADIO & TELEVISION PRODUCTIONS LLC

(Must contain 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:	Mailing Address:
500 WINDERLEY PL	500 WINDERLEY PL
MAITLAND FL. 32751 SUITE 100	MAITLAND FL. 32751 SUITE 100

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:

ATTORNEYS JUSTIN C	LARK & ASS	OCIATES PLLC
	me	
500 WINDERLEY PLAC	CE	
Florida street address (P.	O. Box <u>NOT</u> ac	eceptable)
MAITLAND FL. 32751	SUITE 100	
City	State	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 relative the propey and complyee performance of my duties, and I am familiar with and accept the obligations of my position as a gistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUÉD)

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The name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and came the of filing.) If the date inserted in this block does not meet the applie cument's effective date on the Department of State's reconcent of State's reconcent of State in accordance of the applied of the date in accordance of the applied of the date in accordance of the date of the date in accordance of the date of the date of the date in accordance of the date of the	FIN CLARK WINDERLEY PL. TLAND FL. 32751 SUITE 100		
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Signature of a member or an a This document is executed in accordar I am aware that any false information s constitutes a third degree felony as pro Typed or pri	ble statutory filing requirements, this date will not	•	
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1/	thorized representative of a member. ce with section 605.0203 (1) (b), Florida Statutes, bmitted in a document to the Department of State ided for in s.817.155, F.S.		
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\$125.00 Filing Fee for Articles of Organization and \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	Nack . ned name of signee Fees:	-1	4 60