

LA90000000131

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

9/24  
OFFICE USE ONLY

600002996236--6

-09/24/99--01047--011

\*\*\*\*337.50 \*\*\*\*337.50

600002996236--6

-09/28/99--01071--001

\*\*\*\*\*8.75 \*\*\*\*\*8.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Media Works PK, L.L.C.

(Corporation Name)

(Document #) W99-22143

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

9/24

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 SEP 24 PM 2:56

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NEW FILINGS

Profit

NonProfit

☒ Limited Liability

Domestication

Other

AMENDMENTS

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Name  
Availability

MJH

Document  
Examiner

Updater

Updater

Verifier

Acknowledgement

W. P. Verifier

RECEIVED  
99 SEP 24 AM 11:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

REGISTRATION/  
QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark



*Resubmit*

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 24, 1999

*Please back date*

CAPITOL SERVICES

SUBJECT: MEDIA WORKS PK, L.L.C.  
Ref. Number: W99000022143

We have received your document for MEDIA WORKS PK, L.L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407(1)(e), Florida Statutes, requires the articles of organization to set forth the right, if given, of the members to admit additional members and the terms and conditions of the admissions. Reference to the operating agreement/regulations is not sufficient.

Section 608.407(1)(f), Florida Statutes, requires the articles of organization to set forth the right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company. Reference to the operating agreement/regulations is not sufficient.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 299A00046901

RECEIVED  
SEP 28 AM 10:55  
JONES  
JDA

*Please add CGS  
chk attached*

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Media Works PK, L.L.C. (the "Company")

**ARTICLE II - Address:**

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

871 N.E. 35<sup>th</sup> Street  
Boca Raton, Florida 33431

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual or until terminated as provided for in the Operating Agreement.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by Members. The names and addresses of such parties who shall serve as Managers are:

Kenneth R. Bennett

c/o KRB Music Companies, Inc.  
7109 Bakers Bridge Road  
Brentwood, Tennessee 37027

Resource Media Distribution, L.L.C.  
by agent, Peter Hyman

c/o Resource Media Distribution, L.L.C.  
A New Jersey Limited Liability Company  
871 N.E. 35<sup>th</sup> Street  
Boca Raton, Florida 33431

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 24 PM 2:56

**ARTICLE V - Admission of Additional Members:**

The admission of additional Members requires the vote and approval of all Members of the Limited Liability Company. Contributions required of additional Members shall be determined by all other Members as of the time of their admission to the Limited Liability Company.

**ARTICLE VI - Members' Rights to Continue Business:**

The Limited Liability Company shall be terminated in the event of the retirement, resignation, withdrawal, expulsion, bankruptcy, or dissolution of a Member. In the event of the death of a Member, his estate, by its personal representatives, shall become a Member with all the interests, rights and duties previously held by the deceased Member, except the right, if any, to be a Manager of the Limited Liability Company.

**ARTICLE VII - Affidavit of Membership and Contributions:**

The undersigned Member or authorized representative of a Member certifies:

- a) the above named Limited Liability Company has at least one Member;
- b) the total amount of cash contributed by the Members is:

Kenneth R. Bennett	\$1,000
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Resource Media Distribution, L.L.C. A New Jersey Limited Liability Company	\$1,000
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c) if any, the agreed value of property other than cash contributed by Members is \$00.00; and

- d) the total amount of cash and property contributed and anticipated to be

contributed by Members is:

Kenneth R. Bennett \$1,000

Resource Media Distribution, L.L.C. \$1,000  
A New Jersey Limited Liability Company

### ARTICLE VII – Execution

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

DATE

Sept. 13<sup>th</sup>

~~March 13<sup>th</sup>~~ 1999

SIGNATURE

  
Kenneth R. Bennett, Member

STATE OF IN

COUNTY OF Williamson


)  
) SS:

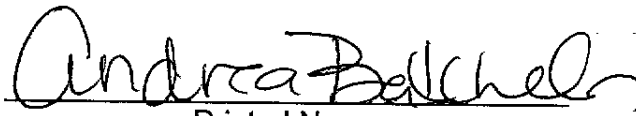
Before me, a Notary Public, in and for said County and State, personally appeared Kenneth R. Bennett, who acknowledged the execution of the foregoing Affidavit of Counsel, and who first being duly sworn, stated that the facts contained therein are true. Witness my hand and seal this 13<sup>th</sup> day of September, 1999.

My Commission Expires:  
My Commission Expires MAY 28, 2002

My County of Residence is:

Williamson

  
Notary Public

  
Printed Name

DATE

SIGNATURE

Sept 17, 1999

Peter Hyman

Peter Hyman, authorized agent for Resource  
Media Distribution, L.L.C., A New Jersey  
Limited Liability Company, Member

STATE OF California )  
COUNTY OF San Diego ) SS:

Before me, a Notary Public, in and for said County and State, personally appeared Peter Hyman, who acknowledged the execution of the foregoing Affidavit of Counsel, and who first being duly sworn, stated that the facts contained therein are true. Witness my hand and seal this 17 day of September, 1999.

My Commission Expires:

May 9, 2001

Betnie Elwood

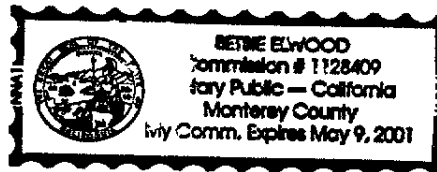
Notary Public

My County of Residence is:

San Diego

Betnie Elwood

Printed Name



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_ Media Works PK, L.L.C. \_\_\_\_\_

2. The name and the Florida Street address of the registered agent are:

\_\_\_\_\_ Peter Hyman \_\_\_\_\_

NAME

\_\_\_\_\_ 871 N.E. 35th Street \_\_\_\_\_

Florida street address (P.O. Box **NOT** ACCEPTABLE)

\_\_\_\_\_ Boca Raton, Florida 33431 \_\_\_\_\_

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.*

\_\_\_\_\_  \_\_\_\_\_

SIGNATURE

**Filing Fee: \$35 for Designation of Registered Agent**

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

San Diego

ss.

On Sept 17, 1999, before me, Betsie Elwood Notary Public

Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Henry P. Human

Name(s) of Signer(s)

☐ personally known to me

☒ approved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Betsie Elwood

Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

☐ Individual

☐ Corporate Officer — Title(s): \_\_\_\_\_

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here