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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
()	,	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		(8)
	Office Use Onl	, Just



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SECHETARY OF STATE

MAY 3! PM 1:

TRANSMITTAL LETTER

то:	Registration Section Division of Corpora					
SUBJ	ECT: 4XTV.LLC					
		(Name of Limi	ted Liability Co	mpany)		
Florida	a," Certificate of Exis	by Foreign Limited Lia stence, and check are su et business in Florida			n to Transact Business i erenced foreign limited	in
Please	return all correspond	lence concerning this m	atter to the follo	wing:		
		Joseph B. Risdorfer				
		(Nar	ne of Person)			
	4XTV.LLC				~- C	•
	-, , , , , , , , 	(Fir	m/Company)		SEC.	ř E
	223 NE 19 ave. s	3-2			SEC ICTIVITY OF STATE	
		(Address)	••••••••••••••••••••••••••••••••••••••	OF S	A
	Pompano	Beach, Fla.33060			STATE ORIDA	
		(City/Sta	te and Zip Code	;)		
For fu	rther information con	cerning this matter, plea	ase call:			
	Joseph B. Risdorfer	٨	at (_954	532-2978		
	(Nam	ne of Person)	(Area Code	& Daytime Tele	ephone Number)	
	STREET ADDRESS Registration Section			ING ADDRESS	:	
	Division of Corporations Division of Corporations		is			
	409 E. Gaines Street P.O. Box 6327					
	Tallahassee, Florida	32399	Tallaha	ssee, Florida 323	314	
Enclos	sed is a check for the	following amount:				
	Ø \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filin Status Cert	g Fee & 🔲 \$160. ified Copy	.00 Filing Fee, Certificate of Status & Certified Co	ppy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 4XTV.LLC	(Name of Foreign Limited	13.	shilling Company)	 -	
	(Name of Foreign Limited		• • •		
2. Pennsylvania		3.	84-1651583 (FEI number, if applicable)		
company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4. July,09,2004		5.	Perpetual		
	ganization)	٦.	(Duration: Year limited liability company will ceasexist or "perpetual")	e to	
6					
(S	Date first transacted business in Fee sections 608.501 & 608.502 F.	S. t	ida, if prior to registration.) o determine penalty liability)		
7. 4972 Rising Sun Ave					
Philadelphia, PA. 1912	0		AL AL	05	
	(Street Addres	s of	Principal Office)	YAY	
8. If limited liability co	mpany is a manager-manage	d c	ompany, check here	3	דורה
9. The name and usual	business addresses of the ma	mag	ging members or managers are as follows:	PH	E
Joseph B. Risdorfer 2	23 NE 19 Ave s-2 Pompano Be	aci	n, Fla. 33060 HAI	47:1	
the jurisdiction under the law	· · · · · · · · · · · · · · · · · · ·	уу	ys old, duly authenticated by the official having custody is not acceptable. If the certificate is in a foreign langua tted.)		dsin
11. Nature of business	or purposes to be conducted	or j	promoted in Florida: Television Production		
			ency Trading, Real Estate Investments		
international TV Frogra	2/)	donles	•	
S	ignature of a member or an a	uth	norized representative of a member.		
a	accordance with section 508.408(3).	F.S	., the execution of this document constitutes		
81	The said B	ajur /	y that the facts stated herein are true.)		
-	Typed or printe	_// ed:	name of signee		
	Wilder or bridge		A. 01P11AA		

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 Co	mpany is:			
4XTV.LLC		**************************************		·	
2. The name	and the Florida street addre	ess of the registered age	ent and office are:		
	Joseph B. Risdorfer				
		(Name)		-	
	223 NE 19 ave s-2			_	
	Florida Street A	Address (P.O. Box NOT A	CCEPTABLE)	_	
	Pompano Beach	FL 33060		_	
		City/State/Zip		OS M	
liability composition agent and agree relating to the	named as registered agent and any at the place designated if ee to act in this capacity. If proper and complete performy position as registered agents.	in this certificate, I herel further agree to comply mance of my duties, and	by accept the appoints with the provisions of d I am familiar with as	ment as registered fall statutes ? nd as spt the	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

May 18, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

4XTV, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of so far as the the Commonwealth of Pennsylvania and remains subsisting records of this office show, as of the date herein



IN TESTIMONY WHEREOF, I have hereunto set my hand and the Seal of the caused Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth