

Md0000001738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

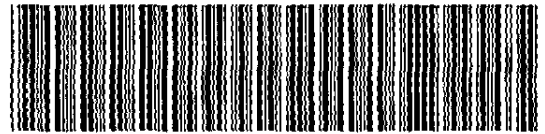
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MD HCD622



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 940867 4144A

AUTHORIZATION *Spudde*

COST LIMIT : \$ 155.00

ORDER DATE : March 24, 2006

ORDER TIME : 12:07 PM

ORDER NO. : 940867-005

CUSTOMER NO: 4144A

FOREIGN FILINGS

NAME: MAPALE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: —

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney -- EXT#

EXAMINER: \_\_\_\_\_

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Mapale LLC  
(Name of Foreign Limited Liability Company)

2. Delaware 3. 20-3828091  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/18/2005 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)


7. 1441 Brickell Avenue, Suite 1010  
Miami, FL 33131  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:  
See attached Exhibit "A"  
\_\_\_\_\_  
\_\_\_\_\_

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Ownership  
and operation of television stations and any other lawful business

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
Alejandro Santo Domingo, President of the sole Member  
Typed or printed name of signer

FILED  
06 MAR 24 PM 3:04  
TALLAHASSEE FLORIDA

**Exhibit "A"**  
to  
**Application by Foreign Limited Liability Company for Authorization to Transact Business in  
Florida  
of  
Mapalé LLC**

**Name and usual business addresses of the Supervising Managers:**

**Alejandro Santo Domingo  
499 Park Avenue, 24<sup>th</sup> Floor  
New York, NY 10019**

**Andres Santo Domingo  
499 Park Avenue, 24<sup>th</sup> Floor  
New York, NY 10019**

**Julio Mario Santo Domingo R.  
499 Park Avenue, 24<sup>th</sup> Floor  
New York, NY 10019**

**Paulo Laserna  
1441 Brickell Avenue, Suite 1010  
Miami, FL 33131**

**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:

Mapale LLC

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

Intrastate Registered Agent Corporation

(Name)

701 Brickell Avenue, Suite 3000

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miami, 33131

FL 33131

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 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, Florida Statutes.*

Michael A Silva

(Signature) Vice President

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

# Delaware

PAGE 1

*The First State*

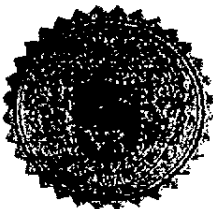
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAPALE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAPALE LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4063739 8300

060224168



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4573681

DATE: 03-07-06