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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Youthlible Meoin (Name of Lin	LLC
(Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
RYAN	Stempniewicz ame of Person)
(*,	a or 1 0.5011)
footbaloux.	Meon LLC Es Sunceron
The more than the first of the	irm/Company)
180 [5] pecketh	$\frac{5+}{\text{(Address)}}$ $\frac{5}{\text{Max}}$ $\frac{5}{\text{Max}}$
	(Address)
New York	tate and Zin Code)
/ (City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Mame of Person)	at (9/7) 697 46/5 (Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\begin{align*}\text{\$125.00 Filing Fee} & \text{\$130.00 Filing Fee. & Certificate o} \end{align*}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Delaune (FEI number, if applicable)
4. 2/2504 (Date of Organization) 5. Cufffun (Duration: Year limited liability company will cease to exist or "perpetual")
6. ALL OT
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 350 Bleecker St., Surte 3X
7. 350 Bleecher St., Suite 3X New York My 10014 (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:
April O'HANION: 5708 SAN Gabrier Dawe, Pensacola FL 3250
AREN O'HANDON: 5708 SAN GALRIEL DAWE, PENSACOLA FL 3250
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: Website
design and marketing
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.)
Typed or printed name of signee
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

l.	1. The name of the Limited Liability Company is:		
Footbridge Media LLC			
If	f name unavailable, the alternate name to be used	in the state of Florida is:	
- 2.	. The name and the Florida street address of the	registered agent and office are:	
	Agents and Corporations, Inc. (Name)		
	300 Fifth Avenue South,	·	
	Florida Street Address (P.	O. Box NOT ACCEPTABLE)	
	Naples	FL 34102	
		y/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.

(Signature)
\$ 100.00 Filing Fee for Ap

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

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOOTBRIDGE MEDIA 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2007.

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SECRETARY OF STATE



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6118935

DATE: 10-31-07

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