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SECRETARY OF STATE TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2010

DARLENE C. WALLS SIX CONCOURSE PARKWAY, STE. 1800 ATLANTA, GA 30328-6117

SUBJECT: ANTHONY FAMILY PARTNERSHIP, LLC

Ref. Number: W10000019158

We have received your document for ANTHONY FAMILY PARTNERSHIP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 810A00009706

Q DowLohnes

April 13, 2010

VIA U.S. MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Anthony Family Partnership, L.L.C.

Dear Sir/Madam:

Enclosed find an Application by Foreign Limited Liability Company, Written Consent to Adopt Alternative Name, Certificate of Designation of Registered Agent and check for \$125.00 for the filing fees. Please do not hesitate to contact me should you have any questions.

Sincerely

Darlene C. Walls Senior Paralegal

/dcw

Enclosure

cc:

Fred H. Beerman

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Anthony Family Partnership, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Georgia
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Anthony KTVU Partnership, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 4 13 2010
Signature(s) of Manager(s) and/or Managing Member(s):
Tred H Beerman

CR2E122 (7/07)

10 APR 30 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORID.

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.	Anthony Family Partnership, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,			
		" or "LL	.C.")	
<u>(16</u>	Anthony KTVU Partnership, LLC name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and at	tach a a	my of t	
100	name unavariable, effect afternate name adopted for the purpose of transacting business in Fforda and at an ansent of the managers or managing members adopting the alternate name. The alternate name must inclus purpany," "L.L.C," "LLC.")	de "Lim	ited Lia	bility
2	Georgia 3. 58-2064423 (Jurisdiction under the law of which foreign limited liability (FEI number, if application and application under the law of which foreign limited liability)			
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicate company is organized)	le)		
4.	August 1, 1993 5. Perpetual (Duration: Year limited liability comp			
	(Date of Organization) (Duration: Year limited liability comp exist or "perpetual")	any will	cease 1	0
6.				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	Six Concourse Parkway, Suite 1800			
	Atlanta, Georgia 30328			
	(Street Address of Principal Office)			
	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 t	ollows	:	
	KTVU-BCA, Inc. Six Concourse Parkway, Suite 1800, Atlanta, 6	<u>GA 30</u>	328	
		_		
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a formulation of the certificate under oath of the translator must be submitted.)	_	•	
11.	. Nature of business or purposes to be conducted or promoted in Florida: Holding	Comp	any	_
		ZEC SEC	10	
	Tel H Beeman	HA STA	APR 3	
	Signature of a member or an authorized representative of a member	- SSE	0	Control of the Contro
	(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.)	OF S	PH	
	Fred H. Beerman	ORI ORI	-: 5	The same of the sa
	Typed or printed name of signee	5cm	Ф	

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:			
Anthony Family Partnership, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
Anthony KTVU Partnership, LLC	······································		
2. The name and the Florida street address of the registered agent and office are	:		
Corporation Service Company (Name)			
(14amo)			
1201 Hay Street			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tallahassee Florida 32301			
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.

Muchelle J. abbott

Michele L. Abbott Assistant 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)

Control No. 08004350

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ANTHONY FAMILY PARTNERSHIP, L.L.C.

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/16/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of April, 2010

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 5854535-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp