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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Pax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO.

NC Ventures, LLC

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EXAMINER

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8/31/2010

COVER LETTER

	stration Section sion of Corporations	•				
SUBJECT:		NC VENTURES, LLC				
•	N	ame of Limited Liability (Company			
Existence, and	"Application by Foreign Limited List check are submitted to register the	above referenced foreign	orization to Trans. limited liability of	act Business in Flor ompany to transact	ida," Certificate of business in Florida	
Please return	all correspondence concerning this n	natter to the following:				
		PETER STAFFOPOU	LOS			
		Name of Person				
					•	
	NC VENTURES, LL	C C/O CATALINA MAI	KETING CORP	DRATION	一式。 23	
		Firm/Company			20 ED	arekerika.
•		200 CARILLON PARK	WAY		CRET AGG	A STATE OF THE STA
	Address			Trans.		
					31 AARYO	T
		ST. PETERSBURG, FL				ەدەرەم ئىرىسىغ
	•	City/State and Zip Co	de			-
	peter.	staffopoulos@catalinama	rketing.com		FRE FE	
	E-mail address:	(to be used for future and	ual report notifice	ition)	,	
For further in	formation concerning this matter, ple	ase call:				
	PETER STAFFOPOULOS	at (727		579-5000		
	Name of Person	Area Code & Dayt	ima Telephone Ni	ការរាជ្ជានុះ		
Divis	LING ADDRESS: ion of Corporations stration Section	STREET ADDRESS Division of Corporation Registration Section				
	Box 6327 hassec, I'L 32314	Clifton Building 2661 Executive Cente Tallahassee, PL 3230				
Enclosed is	a check for the following amo	unt:		•		
⊠ \$!	25.00 Filing Fee 5)30.00 Fili Certificate		Filing Fee &	\$160.00 Filing Fe of Status & C		

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 NC Ventures, LLC (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Dela ware (State or Country of Organization)
(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:
Nielsen Catalina Ventures, LLC
Nielsen Catalina lentures, LLC (Name to be used by limited liability company in Florida, NOTB: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 8/24/2010
Signature(s) of Manager(s) and/or Managing Member(s):
To Describer

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: NC VENTURES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.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.") Delaware 2. [Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) 07-13-2009 Perpetual (Date of Organization) (Duration: Year limited liability company will exist or "perpetual") (Date first iransacted husiness in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 200 CARILLON PARKWAY ST. PETERSBURG, FL 33716 (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 SHEET 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 fureign 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: MARKETING SOLUTIONS 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.)

TUSTIN SUMMER

Typed or printed name of signee

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.

	NC VENTURES, LLC	
If unavailable, the	alternate to be used in the state of Florida is:	TAL
2. The name and t	the Florida street address of the registered agent and office are:	LAHASSE
	C T Corporation System	ma
_	(Name)	FLC
	1200 South Pine Island Road)RIPATE
_	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	·
	Plantation FL 33324	
_	City/State/Zip	
liability company a agent and agree to relating to the prop obligations of my p	d as registered agent and to accept service of process for the above state t the place designated in this certificate, I hereby accept the appointment act in this capacity. I further agree to comply with the provisions of all wer and complete performance of my duties, and I am familiar with and a osition as registered agent as provided for in Chapter 608, Florida State oration System	t as registered statutes accept the
•	(Signature)	
Madonna	Cuddihy 5 100 00 Filling Foo for Application	
Special Assist	tant Secretary 25.00 Designation of Registered Agent	
-	\$ 30.00 Certified Copy (optional)	
	\$ 500 Certificate of Status (ontional)	

Besecker, Beck	Manager	Manager	200 Cerlion Parkway, St. Petersburg, FL 33718
Cuminale, Jim	Manager	Manager	525 Vine Street, Suits 2200 Cindinnall, OH 45202
Frier, Rick	Manager	Manager	200 Carlon Parkway, St. Petersburg, FL 33715
Gould, Alan	Manager	Manager	525 Vine Street, Suite 2200 Cincinnati, OH 45202
Leiter, Mark	Manager	Manager	525 Vine Street, Suite 2200 Cincinnati, OH 45202
Morris, Todd	Мападег	Manager	200 Carlon Parkway, St. Petersburg, FL 33715
Nazzaro, Mike	Manager	Manager	525 Vine Street, Suite 2200 Cincinnati, OH 45202

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The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO REREBY CERTIFY "NC VENTURES, 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 SROW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

100873630

DATE: 08-31-10