## 4FEP00009PM

equestor's Name)	
ddress)	
ddress)	
ity/State/Zip/Phone #)	
WAIT	MAIL
usiness Entity Name)	
ocument Number)	
Certificates of Statu	s
o Filing Officer:	
	ŀ
•	ddress)  ty/State/Zip/Phone #)  WAIT  usiness Entity Name)  ocument Number)  Certificates of Statu

Office Use Only



500328778185

54 (di... ) = 158 6/6

nrn (\*\*\* ) A. VE STA Or VORANI TALLANTSSLE, FLORID

47 -1 PH 4: 34

B KINSEY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I20000000	195	
	REFERENCE	: 745406	4319220	
	AUTHORIZATION	Spull de m	an	
	COST LIMIT	\$\frac{125.00}{\$		
ORDER DATE :	April 30, 2019			
ORDER TIME :	1:11 PM			
ORDER NO. :	745406-005			
CUSTOMER NO:	4319220			
	FOREIGN I	FILINGS		
NAME:	HERO BROADCAS	STING HOLDING		
XXXX ONALTET	CATION (TYPE: I	r.T.)		

CONTACT PERSON: Roxanne Turner -- EXT# 62969

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

EXAMINER:

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		HERO BROADCA	ASTING HOLDING LLC	
SUBJECT		Name of Lim	ited Liability Company	
				sact Business in Florida," Certificate of company to transact business in Florida.
Please return a	ill correspondence c	oncerning this matter to the foll	owing:	
	James Paz			
		Name	of Person	<del></del>
	Viacom Inc.			
		Firm/	Сотрапу	
	1515 Broadway			
		· A	ddress	<del></del>
	New York, NY	10036		
		City/State	and Zip Code	
	james.paz@viaco	m.com		
		E-mail address: (to be used for	future annual report notifi	cation)
For further info	ormation concerning	this matter, please call:		
James	s Paz	ai	212 846-7045	
<del>,</del>	Name of	Contact Person		ne Telephone Number
Divisi Regist P.O. E	on of Corporations ration Section Box 6327 assee, FL 32314		Registration Clifton Buil	Corporations Section ding tive Center Circle
		e following amount: le to: FLORIDA DEPARTME	NT OF STATE	
_	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	orids. The alternate name must include "Limited Liability Compa	iny," "L.L.C," or "LLC.")		
Delaware		83-1782159 3.			
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI mumber, if applica	able)		
_					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ine penalty liability)			
14450 Commerce Way		1515 Broadway			
(Street Address of Principal Office)		6. (Mailing Address)	<del></del> ,		
Miami Lakes, FL 330	16	New York, NY 10036			
<del></del> -	<del></del>	<u> </u>	<del>_</del>		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT appentable)	29.19		
	work to the together of agoin. (1.0. Dox	ito; acceptable)			
	Corporation Service Company		i i		
Name:			****		
	1201 Hays Street		0		
Office Address:					
Office Address:	Tallahassee	22101			
Office Address:	Tallahassee (City)	32301 , Florida	2		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Viacom International Inc. ■ Manager Мападет Name: Address: \_ ■ Member ☐ Member Address: \_\_\_ New York, NY 10036 ☐ Authorized Authorized Person Person Other Other Other\_\_ Other\_ Name: Jill F. Teich Manager Manager Address: \_\_\_ Member Member Address: New York, NY 10036 Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other Manager Name: \_\_\_\_\_\_ Manager Name: \_\_ Member Address: Member Address: Authorized ☐ Authorized Person Person Other\_ Other Other\_ Other\_ Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Jill F. Teich

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HERO BROADCASTING HOLDING 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 FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERO BROADCASTING HOLDING LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2007.

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



Authentication: 202744051

Date: 05-01-19