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(Requestor's Name)					
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(CI	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(В	usiness Entity Nam	e)			
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ertified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Fox Sports Net Florida, LLC						
SOBJECT.	Name of Limited Liability Company						
The enclosed Existence, ar	l "Application by Foreign Limited Lic ad check are submitted to register the	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.					
Please return	all correspondence concerning this n	natter to the following:					
	Paul Nesterovsky						
	Name of Person						
	Sinclair Broadcast Group, Inc. ATTN Tax Department						
	Firm/Company						
	10706 Beaver Dam Road						
	Address						
	Cockeysville, MD 21030						
		City/State and Zip Code					
	ml-sbg-corp-tax@sbgtv.com						
	E-mail address	; (to be used for future annual report notification)					
For further i	nformation concerning this matter, ple	rase call:					
Par	il Nesterovsky	410 568-1500 at ()					
	Name of Contact Persor						
Mailing Address:		Street Address:					
	gistration Section	Registration Section					
	vision of Corporations	Division of Corporations					
	D. Box 6327	The Centre of Tallahassee					
1 a.	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Ple	losed is a check for the following am use make check payable to: FLORID \$125.00 Filing Fee	A DEPARTMENT OF STATE					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	tame adopted for the purpose of transacting business in Fig.	otida. The	ne alternate name must include "Limited Liability Company," "L.L.C."		
Delaware		,	65-1257491		
(Junsdiction under the law of which foreign limited hability company is organized)		5.	3. (FEI number, if applicable)		
August 15,2019					
	(Date first transacted business in Horida, if prior to a (See sections 605,0904 & 605 0905, F.S. to determi	registration ne penalty	on.) (y liabitity)		
10706 Beaver Dam Road 5.		6	10706 Beaver Dam Road		
reet Address of Principal Office)		υ,	(Mailing Address)		
Cockeysville, MD 21030		Cockeysville, MD 21030			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	_acceptable) المنظمة ا		
Name:	C T Corporation System				
Name; Office Address;	C T Corporation System 1200 South Pine Island Road				

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Peter F. Souza, Assistant Secretary

(Registered agent's signature)

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:
□Manager	Name: Christopher Ripley	□Manager	Name: Jeff Krolik
□Member	Address: 10706 Beaver Dam Road	□Member	Address: 10706 Beaver Dam Road
□Authorized	Cockeysville, MD 21030	□Authorized	Cockeysville, MD 21030
Person		Person	
■Other	Other	Other President	□ Other
□Manager	Name: Lucy Rutishauser	□Manager	Name: David Gibber
□Member	Address: 10706 Beaver Dam Road	□Member	Address: 10706 Beaver Dam Road
□Authorized	Cockeysville, MD	□Authorized	Cockeysville, MD 21030
Person		Person	
Other Treasurer		Secretary ▼ Other	□Other
□Manager	Name: Paul Nesterovsky	□Manager	Name:
□Member	Address: 10706 Beaver Dam Road	□Member	Address:
□Authorized	Coekeysville, MD 21030	□Authorized	
Person		Person	·
VP of Tax ⊠Other	Other	□ Other	□ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Paul Nesterovsky

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FOX SPORTS NET FLORIDA, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2020.

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



Authentication: 202640870

Date: 03-23-20