# M4800000127

CT CORPORATION SYSTEM		
Requestor's Name 660 East Jefferson Stree	et <u> </u>	300002428003
Address EL 33301	_	-02/11/9801082008 ****285.00 ****285.00
Tallahassee, FL 32301	222-1092 Phone	***************************************
City State Zip	riidile	
CORPORATION	(S) NAME	
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CR2E031 (1-89)

#### 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:

(Name of foreign limited liability "L.C." if not so contained in the n	company must end w ame at present.)	ith the words "limited company" or	their abbreviation
O Delaware (Jurisdiction under the law of white company is organized)	ch foreign limited lial	3. Applied For (FEI number, if a	pplicable)
4. February 4, 1998 (Date of Organization)		petual tion: Year limited liability company perpetual")	will cease to exist
6. February 27, 1998 (Date first transacted business in	Florida. (See sections 6	08.501, 608.502 and 817.155, F.S.)	
7. 100 Univesal City Plaza,	Universal City	, CA 91608	
(Street ac	dress of principal offi	ce)	
member [MGRM] or manag (attach additional page if necessary	er [MGR]. It is not )	i necessary to list members.	
member [MGRM] or manag	er [MGR]. It is not	ame, title, and business addre necessary to list members.  NAME & ADDRESS:	ss of each managing
member [MGRM] or manag (attach additional page if necessary	er [MGR]. It is not )	i necessary to list members.	
member [MGRM] or manag (attach additional page if necessary NAME & ADDRESS:	er [MGR]. It is not ) TITLE:	i necessary to list members.	
member [MGRM] or manag (attach additional page if necessary NAME & ADDRESS:  Melissa Leffler	er [MGR]. It is not ) TITLE:	i necessary to list members.	
member [MGRM] or manag (attach additional page if necessary NAME & ADDRESS:  Melissa Leffler  100 Universal City	er [MGR]. It is not ) TITLE:	i necessary to list members.	
(attach additional page if necessary NAME & ADDRESS:  Melissa Leffler  100 Universal City  Plaza, Universal City,	er [MGR]. It is not ) TITLE:	i necessary to list members.	

Filing Fee: \$ 52.50 for Application

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized repres  New-U Television LLC	
1) the above named limited liability company has	deposes and says: s at least two members
2) the total amount of cash contributed by the n	nember(s) is \$ 1,000
3) if any, the agreed value of property other tha \$ A description of the	in cash contributed by member(s) is e property is attached and made a part hereto.
4) the total amount of cash or property anticipat $\frac{1,000}{}$ . This total includes amou	ted to be contributed by member(s) is into from 2 and 3 above.
	1,

Signature of a member of authorized representative of a member. (In accordance with section 608.408(3), Floride Statutes, the execution of this efficient constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$ 52.50 for Affidavit

(FL. - LLC 334B - 1/23/97)

#### 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

l. —	The name of the limited liability company is:New-U_Television_LLC
2.	The name and address of the registered agent and office is:
	C T CORPORATION SYSTEM
	(Name)
	c/o C T CORPORATION, 1200 South Pine Island Road, (P.O. Box not acceptable)
	(101 Donated about 101)
	Plantation, Florida 33324
	(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.

C T CORPORATION SYSTEM

O2-09-98

O2-09-98

D.F. Hickey Asst Secy

FILINGFEE: \$35 for Designation of Registered Agent

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## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEW-U TELEVISION 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 NINTH DAY OF FEBRUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8909205

DATE:

02-09-98