Document Number Only 1000002444 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 222-1092 100002782831--7 Tallahassee, FL -02722/99--01083--010 ****285.00 ****285.00 Phone Zip State City CORPORATION(S) NAME ACROSS media NETWORKS () Profit () Merger () Amendment () NonProfit Limited Liability Co. Mark () Dissolution/Withdrawal **√**Foreign Other ucc Filing (Annual Report () Limited Partnership () Change of R.A. () Reservation_ () Reinstatement) Fic. Name CUS. () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk in Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED_ : Document TOExaminef 2/22 HOLLARO TELEBER D. BRITERLIEF Updater, Dales SS Mil: 20 Verifier

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Acknowledging

W.P. Verifier

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 company" or their abbreviations "	company must end L.L.C." or "L.C." it	with the words "limited liability control of not so contained in the name at pre	mpany" or "limited sent.)	1
DELAWARE		3. 84-1377949	<u>.</u>	
(Jurisdiction under the law of wh company is organized)	ich foreign limited		oplicable)	
JANUARY 3, 1997	-	JANUARY 3, 2017	-	
(Date of Organization	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
. Los Qualicano	<u>کہ</u>		,	
(Date first transacte	d business in Florid	da. (See sections 608.501, 608.502 :	and 817.155, F.S.)	
. 1746 COLE BVLD, BLDG.2	1, SUITE 300		<u> </u>	
GOLDEN, CO 80401			 ·	-
	(Street ac	1.1		
List name title and haviness	,	Idress of principal office)		1 J
. List name, title, and business will manage the foreign limit NAME & ADDRESS:	address of each	• • •	manager [MGR al page if necess TITLE:	.] who sary)
will manage the foreign limit	address of each and liability comp	managing member [MGRM] or any in Florida: (attach addition	al page if necess] who sary)
will manage the foreign limit NAME & ADDRESS:	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	sary)
will manage the foreign limit NAME & ADDRESS: DAVID M. DOWNEY 1746 COLE BLVD., BLD SUITE 300	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	sary)
will manage the foreign limit NAME & ADDRESS: DAVID M. DOWNEY 1746 COLE BLVD., BLD SUITE 300	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	SECRETARY OF SECRETARY OF SORPOR
will manage the foreign limit NAME & ADDRESS: DAVID M. DOWNEY 1746 COLE BLVD., BLD SUITE 300	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	SECRETARY OF SECRETARY OF SORPOR
will manage the foreign limit NAME & ADDRESS: DAVID M. DOWNEY 1746 COLE BLVD., BLD SUITE 300	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	SECRETARY DIVISION OF CO
will manage the foreign limit NAME & ADDRESS: DAVID M. DOWNEY 1746 COLE BLVD., BLD SUITE 300	address of each red liability comp TITLE: MGRM	managing member [MGRM] or any in Florida: (attach addition	al page if necess	SECRETARY OF SECRETARY OF SORPOR

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a

foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of			
_	ACROSS MEDIA NETWORKS, L.L.C. certifies:			
1)	the above named limited liability company has at least one member;	-		
2)	the total amount of cash contributed by the member(s) is	-	\$\frac{165,0}{}	;
•	if any, the agreed value of property other than cash contributed by m (A description of the property is attached and made a part hereto.)	nember(s) is	\$N	<u>ra</u> ;
	the total amount of cash and property contributed and anticipated to by member(s) is (This total includes amounts from 2 and 3 above.)	be contributed	\$ <u>165</u> ,	.000
	Signature of a member or authorized representation (In accordance with section 608.408(3), Florida Statutes, the affidavit constitutes an affirmation under the penalties of perstated herein are true.)	execution of this	r.	•
	DAVID M. DOWNEY Typed or printed name of signee	- - 	99 FEB	SECRE
	Typed or printed name of signee	•	22	
			2	OF S
			 မ	TATE RATIO

Filing Fee: \$250.00 for Application and Affidavit

FL058 - C T System Online

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:		
	ACROSS MEDIA NETWORKS, L.L.C.		
2.	The name and the Florida street address of the registered agent and office	are:	SECRETARY DIVISION OF CO 99 FEB 22
	C T CORPORATION SYSTEM		82 PET
	(Name)		
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)		OF STATE RPORATIONS
	Plantation FL 33324	<u></u>	
	(City/State/Zip)	•	
lia ag to	tving been named as registered agent and to accept service of process for the a bility company at the place designated in this certificate, I hereby accept the a ent and agree to act in this capacity. I further agree to comply with the provi, the proper and complete performance of my duties, and I am familiar with and pposition as registered agent.	ppointmet sions of al	l statutes relating
c 7	T CORPORATION SYSTEM (Signature) MACIA J. SUNAHARA ASST. SECY.		

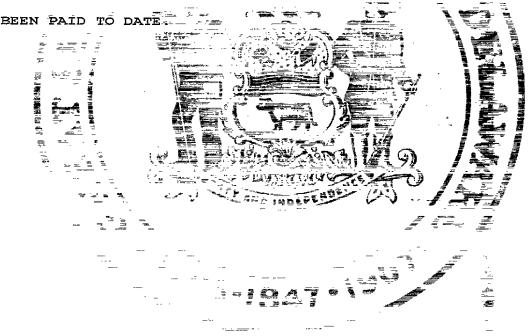
Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACROSS MEDIA NETWORKS, L.L.C." 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 EIGHTEENTH DAY OF FEBRUARY, A.D.
1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



Edward J. Freel, Secretary of State

AUTHENTICATION:

9582734

DATE:

02-18-99

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