

Poder.

INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT OF

FILE NUMBER

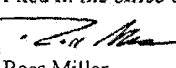
MEDIA GROUP SERVICES LLC
NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 2009 TO 2010

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

M. F. CORPORATE SERVICES (NEVADA) LIMITED
520 South 7th Street Suite C
LAS VEGAS NEVADA 89101

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE:
www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20090575235-08 Filing Date and Time 07/24/2009 8:53 AM Entity Number E0405262009-2
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

****YOU MAY NOW FILE YOUR INITIAL LIST ONLINE AT www.nvsos.gov****

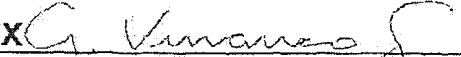
IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following organization date.
- Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return this completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 884-5708
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 LATE PENALTY: \$75.00

NAME GABRIELA VIVANCO SALVADOR	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) ☒ MANAGER ☐ MANAGING MEMBER		
ADDRESS Av. Amazonas 4600 y Gaspar de Villaroel, Piso 10	CITY QUITO - ECUADOR	STATE	ZIP CODE 0000000000
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) ☐ MANAGER ☐ MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) ☐ MANAGER ☐ MANAGING MEMBER		
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ADDRESS	CITY	STATE	ZIP CODE
NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) ☐ MANAGER ☐ MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 349.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.


Signature of Manager or Managing Member

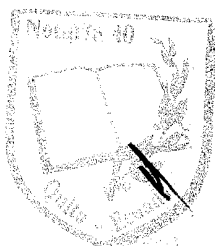
Title

MANAGER

Date

7/21/2009

Nevada Secretary of State Initial List Memorandum
Revised: 7-1-08



Dr. Oswaldo Mejia Espinoza

6. Devuelva el formulario completado a: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.

7. El formulario debe estar en manos del secretario de estado a más tardar o antes del último día del primer mes después de la fecha de registro inicial. (no se acepta el sello de fecha del correo como fecha de recepción). Los formularios que se reciban después de la fecha de vencimiento serán devueltos para incluir el pago de cargos adicionales y multas.

CARGO DE REGISTRO: \$125.00

MULTA POR PRESENTACIÓN TARDÍA: \$75.00

(El documento será rechazado si el cargo no se indica)

NOMBRE
GABRIELA VIVANCO SALVADOR

CARGO
☒ Administrador ☐ Miembro Directivo

DIRECCIÓN
Av. Amazonas 4600 y Gaspar de Villaroel,
Piso 10

CIUDAD
QUITO

ESTADO
ECUADOR

CÓDIGO POSTAL
0000000000

NOMBRE

CARGO
☐ Administrador ☐ Miembro Directivo

DIRECCIÓN

CIUDAD

ESTADO

CÓDIGO POSTAL

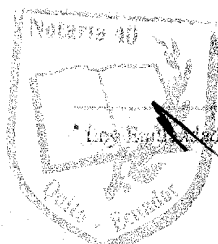
(Siguen 3 cuadros en blanco)

A mi leal entender y so pena de perjurio, declaro que la entidad citada arriba ha cumplido con las disposiciones del Capítulo 360.780 de la NRS* y reconozco que de acuerdo con el artículo NRS 239330, entregar intencionalmente un documento falso o falsificado para su registro en la oficina del Secretario de Estado corresponde a un delito de categoría C.

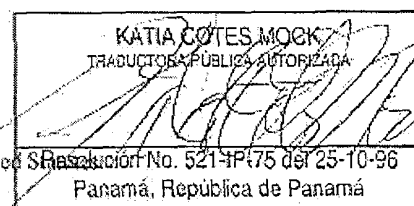
(fdo) Firma del Administrador o Miembro Directivo Cargo Administrador
Fecha 21/7/2009

Formulario para Lista Inicial - Secretaria de Estado de Nevada - ManorMem
Revisado el 1/7/08

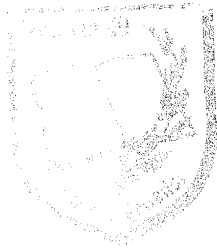
LO ANTERIOR ES TRADUCCIÓN FIEL Y COMPLETA DE SU ORIGINAL EN IDIOMA INGLÉS. El 29 de Julio 2009



* Los Estados de Nevada, o NRS, por sus siglas en inglés de Nevada Revisado Resolución No. 521-IP-75 del 25-10-96
Panamá, República de Panamá



Dr. Oswaldo Mejía Espinosa



Dr. Oswaldo Mejía Espinosa

RAZON: De conformidad con el numeral cinco del Artículo dieciocho de la Ley Notarial doy fe que las COPIAS FOTOSTATICAS que anteceden, SELLADAS Y FIRMADAS por mí, es reproducción exacta del ORIGINAL que he tenido a la vista 3

Quito.

11 FEB 1919

DR. OSWALDO MEJÍA ESPINOSA
NOTARIO GUAYAQUILEÑO DEL CANTÓN QUITO

MEDIA GROUP SERVICES LLC
("the LLC")

Existing under the NRS Chapter 86
Of the State of Nevada

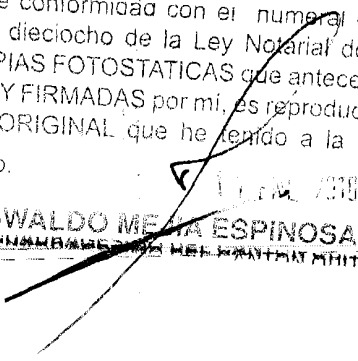
Register of Managers
(NRS 86.241)

Full Name of the Manager^(*)	Last known business address of the Manager
GABRIELA VIVANCO SALVADOR	Av. Amazonas 4600 y Gaspar de Villaroel, Piso 10 QUITO ECUADOR


^(*) List names in alphabetical order.

RAZON: De conformidad con el numeral cinco del Artículo dieciocho de la Ley Notarial doy fe que las COPIAS FOTOSTATICAS que anteceden, SELLADAS Y FIRMADAS por mí, es reproducción exacta del ORIGINAL que he tenido a la vista

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DR. OSWALDO MEJÍA ESPINOSA

Dr. Oswaldo Mejía Espinosa